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ABSTRACT

At the request of the Alaska Bureau of Indian Affairs and the Alaska State Office of Alcoholism, the Alcoholism Rehabilitation Center at Fairbanks which serves Alaska Natives was evaluated in 1971. A three-member evaluation team evaluated the center's: (1) administrative structure and organization, (2) treatment program, and (3) relationship with the community and other social service agencies. Based on personal interviews held during two, week-long site visits, the evaluation team's recommendations were: (1) separation of facilities for rehabilitation feasible and rehabilitation nonfeasible alcoholics, (2) alteration of the treatment program to include careful client screening prior to feasible or nonfeasible assignment, (3) coordination of agency involvement under a broad policy-making council which would include various agency representatives, (4) formalization of the treatment program and facility remodeling to accommodate a more formalized atmosphere; (5) full time commitment by an actively involved director, (6) reduction in staff size, (7) development of an inservice training program for staff development, (8) development and utilization of a more simplified accounting system, (9) development of a financial statement indicative of individual client costs, (10) development of a one-fee system which could be broken down into service categories, (11) implementation of the quarterly report to aid funding agencies. (JC)

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AN EVALUATION OF THE ALCOHOLISM REHABILITATION CENTER LOCATED AT FAIRBANKS, ALASKA

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RC009044

Submitted June, 1971

PREFACE

In writing this report each of us prepared statements of our observations and recommendations that were the outgrowth of our individual responsibilities within the study.

Fenton Moss was assigned the primary responsibility for evaluating the Alcoholism Rehabilitation Center's treatment programs. He prepared the report covering this section of the study.

Kenneth Griffiths was assigned the primary responsibility for evaluating the Alcoholism Rehabilitation Center's Administrative and organizational structure. He prepared the report covering this section of the study.

Claude Grant was assigned the primary responsibility for evaluating the Alcoholism Rehabilitation Center's relationships with the Community and Social Service Agencies. He prepared the report covering this section of the study. Also Claude Grant was assigned the responsibility of pulling the three phases of this study together into one report.

The evaluating team has discussed at length one another's observations and recommendations. Thus each phase of the report represents the thinking of the combined study team though in each phase one of us was primarily responsible for data gathering, evaluating, recommending and writing. This, the Final Report, is the evaluating teams report.

Claude W. Grant
Kenneth A. Griffths
Fenton E. Moss

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AN EVALUATION OF THE ALCOHOLISM REHABILITATION CENTER

LOCATED AT FAIRBANKS, ALASKA

This study was conducted during the months of April, May, and June at the request of the Alaska Bureau of Indian Affairs and the Alaska State Office of Alconolism. The procedures followed in this study were as follows:

1. Guidelines on which to base the study were developed by the evaluation team.
2. Responsibilities for various phases of the study were divided up among the evaluation team with Kenneth Griffiths assuming major responsibility for studying the administrative structure and organization of the center; Fenton Moss assuming major responsibilitv for studying the treatment program of the center; Claude Grant assuming major responsibility for studying the relationship of the center to the community and the social service agencies within the community; and with each member of the team sharing responsibility for interviewing the current and some of the former residents of the center.
3. A statement of the guidelines was sent to Robert Carroll, Executive Director of COMPAS, the parent organization of the Alcoholism Rehabilitation Center, with a request that the center's staff begin to organize information about the center's operation in preparation for planned on-site visits.
4. Requests were made to Robert Carroll, and also to Gerald Osterhout, Area Director of Social Services of the Bureau of Indian Affairs in Juneau for names of people representing agencies, services, community functions, the COMPAS Board, and others whom it was thought should be interviewed during the on-site visits of the study team. Letters

were written to each of the people listed informing them of the study and asking them to submit questions about the Alcoholism Rehabilitation Center that they believed the study team should consider during their evaluation.

5. The first on-site visit was made during the week of May 10th to May 15th. Three days, May 10, 11, and 12 were spent in Fairbanks. Other places visited were the villages of Stevens, Beaver, Arctic Village, Pt. Barrow, Wainwright, Fort Yukon, and the city of Juneau. Following this visit the evaluation team returned to the University of Utah where they discussed their findings and prepared preliminary statements of their observations. From these discussions and prelimary drafts it was apparent that additional information was needed, and that our observations and some of the conclusions that seemed warranted be discussed with many of the people we had interviewed. Also, that it would be desirable to obtain additional information from some people we had not interviewed.
6. The second on-site visit occurred during the week of June 7 through June 10. Two days of this visit were spent in Juneau and Anchorage and two days were spent in Fairbanks.
7. Following the second on-site visit the final report was written and is presented here.

Introductory to the presentation of our observations and recommendations, which we view more as alternatives and suggestions than as a master plan, we wish to express our appreciation to the staff members of the Alcohol Rehabilitation Center for their complete cooperation with us, and also to the many individuals who allowed us to break into their busy schedules to discuss with us their observations of, reactions to, and interactions with the Alcoholism Rehabilitation Center.

Also, at this introductory point we believe that we would be amiss if we did not pay our respects to the courage and vision of those who organized COMPAS, under whose supervision the Alcoholism Rehabilitation Center was developed. And to the Director and Staff of the Alcoholism Rehabilitation Center for their efforts in treating alcoholism under conditions that have required a great amount of creativity, ingenuity, improvization, and determination.

We must recognize this group as pioneering alcoholism rehabilitation in Alaska, and especially among natives. In our opinion the commitment of the Alcoholism Rehabilitation Director and staff members to alleviating pain and suffering among homeless, lonely, sick people - especially native people- has been both a strength and a weakness. A strength because such commitment has gained the Alcoholism Rehabilitation Center the respect of those suffering from alcoholism across Alaska, and a weakness because such a commitment has meant that at many times and in many ways the Center has extended its services beyond those that could readily be carried within the limits of the Center's budetary support. For Commitment to humanity and the alleviation of human suffering with its accompanying contribution to human dignity the center has gained respect. But on the other hand, the humane reaching out to sufferers of alcoholism beyond requirements and expectations of contractual arrangements has resulted in many questions among some professional social service workers and some members of the community regarding the goals of the Alcoholism Rehabilitation Center and the focus and adquacy of its treatment program.

It is this paradox, this ambiguity, that brought about the request that the Alcoholism Rehabilitation Center be evaluated.

THE ADMINISTRATIVE STRUCTURE AND ORGANIZATION OF THE FAIRBANKS ALCOHOLISM CENTER

Articles of Incorporation

The Community Service and Property Corporation of Fairbanks (COMPAS) was incorporated on the 16th day of October 1967. As presently amended the Articles of Incorporation are set forth as follows:

Article I

The name of this Corporation shall be "Community Property and Service Corporation of Fairbanks."

Article II

This corporation is organized exclusively for and will be operated exclusively for religious and charitable purposes.

The purpose for which this corporation is formed is to purchase, acquire, rent, sell or otherwise dispose of the same and to plan for, and operate, community and social services for the use and benefit of the communities and people of the City of Fairbanks and the Interior of the State of Alaska.

No part of the net earnings of the corporation shall inure to the benefit of any member, trustee, officer of the corporation, or any private individual (except that reasonable compenation may be paid for services rendered to or for the corporation affecting one or more of its purposes), and no member, trustee, officer of the corporation, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of corporation. No substantial part of the activities of the corporation shall be carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or

intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt under Section 501 (c) (3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended, or by an organization contributions to which are deductible under Section 170 (c) (2) of such Code and Regulations as they now exist or as they may hereafter be amended.

Upon the dissolution of the corporation of the winding up of its affairs, the assets of the corporation shall be distributed exclusively to charitable, religious, scientific, literary or educational organizations which would qualify under the provisions of Section 501 (c) (3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended.

Article III

Place of Business

The principal place of transacting business of the corporation shall be in the City of Fairbanks, Alaska, or at such other place as the Board of Trustees may from time to time determine.

Article IV

Term of Existence

The existence of this corporation shall be perpetual commencing on the first day of September 1967.

Article V

Members

The members of the corporations shall be three persons, elected or otherwise appointed according to the Articles of Incorporation, By-Laws, Canons,

Laws or Rules of the several religious denominations as each shall provide, from each of those non-profit corporations, unicorporated associations and corporations sole in the Fairbanks North Star Borough of the State of Alaska now known as First Methodist Church, Immaculate Conception Catholic Church, St. Matthew's Episcopal Church and University Community Presbyterian Chuch, together with six persons elected from the Fairbanks North Star Borough at large by the afore-mentioned members at the annual meeting each year. Three persons from any non-profit corporation, unicorporated association or corporation sole which may become a member of the Council of Churches of Greater Fairbanks may be accepted by the members of this corporation as members. All voting rights shall be exercised by the members and the membership of this corporation shall be the sole judge of its membership.

Article VI

Officers

Section 1. The affairs of the Corporation shall be managed by a Board of Trustees consisting of all members of the corporation. The executive officers, their duties and tenure shall be decided and determined by the membership.

Section 2. The officers of the Corporation shall be a President, Vice President, Secretary, and Treasurer.

Section 3. The officers shall be elected at the annual meeting of the corporation, at such time and on such date as the by-laws prescribe.

Section 4. The membership shall, by a two-thirds vote of a quorum, have the power to make, alter and amend by-laws for the management of the property of the corporation and the regulation of its affairs.

Section 5. A quorum shall consist of the presence in person or by proxy of a majority of the members of the corporation.

Article VII

Amendments

The articles of incorporation may be amended as provided by law.

Article VIII

Indebtedness

There shall be no limit to the amount of indebtedness or liability to which the corporation shall at any time be subject.

. . . . . .

Under these broad Articles of Incorporation the organization has moved ahead to develop the following:

1. Fairbanks Alcoholism Rehabilitation Center
2. Hillcrest Home for Boys
3. Outreach services to families of alcoholics
4. Consultative services to the Alaska Homemakers Program (under Office of Aged)
5. Consultative services to the Fairbanks Native Center
6. Programs under development include:
   a. Foster care agency for maternal service for unwed mothers
   b. Woman's alcoholism rehabilitive facility
   c. Youth services
   d. Training program for para-professional alcohol and drug abuse workers
   e. A supportive living center with low cost housing

Our concern in this study, as has already been indicated, is with that phase of the COMPAS program entitled the Fairbanks Alcoholism Rehabilitation Center it is important to note here that Mr. Robert E. Carroll is director of the Rehabilitation Center and is also Executive Director of COMPAS. This

latter responsibility involves him extensively in the other activities and programs of COMPAS in addition to the Alcoholism Rehabilitation Center.

Developmentally the Rehabilitation Center started as a male only facility. It began operation in November of 1967 with ten residents. After eight months of operation the Center was asked to develop a program for women in connection with the existing facility for men. A number of difficulties were encountered and the program for women was discontinued. Since this attempt at combining male and females in the unit, it has continued as a male only program averaging about 30 residents with peak loads of 40. During its existence records provided by the Center indicate that 307 residents have been served by the unit for a total of 1,933 months of care provided. However, data were not available on a residents per day basis. If we multiply by 30 the monthly total we have a day total of 48,980. This is spurious since residents come and go during the total month but are viewed as being present for the whole month they enter and the whole month they leave. Also there was a six month period during which the Center had no secretarial help and records were kept only on contributing residents. This makes an accurate historical accounting of residents impossible. Also, the Center's records do not include out patients who may also use all facilities of the unit with the exception of sleeping. The Center's records are not as complete as good management procedures would suggest that they should.

Historically, the need for a program to assist in the rehabilitation of the native Alaskan with alcohol problems was recognized many years prior to COMPAS by the Bureau of Indian Affairs and other agency workers of the community. The Bureau of Indian Affairs initiated a program of acquiring some low cost rooms in one of the local hotels where problem drinkers could be housed and collective supervision provided. This program had its beginning

with Gerald Osterhout and Robert Carroll, each of whom were then working with the Bureau of Indian Affairs in Fairbanks. As this program encountered difficulty, Father Bill Warren of the St. Mathews Episcopal Church began his work with the problem drinker at Fairbanks on a volunteer basis. Out of the beginning efforts of these three men the general idea for developing the alcohol rehabilitation center was initiated. COMPAS was organized by the Community Churches with Father Warren as chairman of the Board of Directors and Robert Carroll as Executive Director and Director of the Alcohol Rehabilitation Center.

The Community Churches have over the years contributed in substantial ways to the COMPAS program. They have provided clergy members to do counseling, paid for many items of equipment, paid partial salaries of workers, provided housing for the program at reduced cost, and in general have supported the program as a resource of importance and value to the community."

The churches still maintain a major input to the policy and direction of COMPAS; there are three members of the board of directors from each of five churches. Six members at large round out the total board of 21 members.

The board's general philosophy on alcoholism rehabilitation is suggested in this statement from the COMPAS manual of operation:

"Abstinance appears to be the single absolute recovery method from alcoholism. COMPAS does not restrict services to the small group who are able to reach this goal. Realistically, we recognize that most alcoholics will drink to some extent throughout their lifetime. Our program will be geared to this thinking, and individual recovery goals will be based on this assumption. If we can assist the individual to use alternate behavior patterns to chronic or extended binge drinking,

and if we can assist him to function despite his alcoholism, then we can adjudge case movement to be of a positive nature."

The Executive Director of COMPAS, Robert Carroll, indicated "The idea of COMPAS was to take those who could not be served by other agencies and then give them back when they were ready for service."

From the manual of operation and a March 3, 1970 COMPAS rehabilitation center report on activities to date, we get some basic program philosophy.

> "Our program philosophy is lifted generally from the principles of Alcoholics Anonymous. We adhere as closely as we can to those. We have found that the general approach can be grasped and assimilated by native people, although certain language and value emphases must be considered. We are also constantly appropriating our own way, any approach which seems to bear promise -- regardless of the discipline from which it comes."
>
> "We use the group as a therapeutic tool. The Center may be described as a therapeutic community. The resident and non-resident population while in the Center comprise a supportive and ego nourishing milieu. All programming is built around this. All staff functions are related to improving and maintaining this enviroment while dealing meaningfully with the needs of the individuals within the group."

The philosophy of admission is basically "open door" and the services of the Center are available to any male (native or non-native) who is referred or refers himself to the Center for assistance with drinking problems. All such persons are accepted for 72 hours during with time a decision is made by the agency and the resident as to whethter he continues residency in the program.

THE CENTER'S FACILITIES

The Alcohol Rehabilitation Center is located at 1030 Second Avenue in Fairbanks. The structure was originally built as the parish hall for St. Mathews Episcopal Church and is a three level (two above ground) frame facility of approximately 75 x 40 feet.

1. Bed Space

By extending the sleeping capacity to the fullest 40 residents can be accomodated; 30 seems optimal. Residents are housed in small bedrooms with one or two other residents. There is one large dormitory which houses six which is used primarily for the intake period of 72 hours.

2. Bathrooms

There are five bathrooms in the facility in the building. Only three of these have a shower or tub. All have laboratory and sink. One of the bathrooms is designated as a staff bathroom but seems to be open to general resident use when needed.

3. Washing Facilities

The two available washers and dryers in the basement seem adequate in the opinion of staff and residents.

4. Detoxification Space

One large room in the basement containing six beds is used primarily for intake purposes during the first 72 hours of a residents' stay. This space serves as the detoxification facility. It is not an ideal place to house and care for sick men.

5. Kitchen

The kitchen is small but basically well equipped and in the opinion of staff is adequate. Refrigeration space seems excellent with a large walk in refrigerator and several upright and chest type freezers to accommodate the large quantities of fish and game used as a part of the regular menu.

Storage space to allow for quantity purchasing also seems adequate. A triple sink for dish washing seems adequate and should assist with necessary sterilization of eating utinsils.

While no menus were available to suggest the extent to which balanced diets are provided, the quality and quantity of food seems good for without exception residents responded favorably to the general bill of fare.

6. Living Area

There is one large living room area in the facility which serves as T.V. room, reading area, dining room, meeting room, storage area, visiting room and game room. While the room is spacious and has good window areas, it needs paint and minor maintenance. As with the bedrooms, it is austere and devoid of brightness and minor decor could brighten the facility greatly and reduce what seems a rather depressing and dismal physical atmosphere.

7. Craftshop

A very small, poorly-lighted, unventilated basement room serves as the craftshop. The area could not accomodate more than two or three persons at a time and is completely inadequate from a physical standpoint for any real arts and crafts program that could be used therapeutically with a broad range of residents.

8. Fire Safety

There are fire extinguishers located at strategic places throught the building. With frame multiple level construction, the residents' awareness of location of such equipment seems critical. Fire safety standards should be met in every detail and some time in orientation spent with each new resident in suggesting fire safety precautions and use of emergency fire equipment and procedures.

9. Office Space

There is one general reception room which houses a secretary, an intake worker or counselor, and has seating room for five or six people. There is also one private office for the living supervisor. These quarters are crowded and provide little privacy for intake work and individual interviewing.

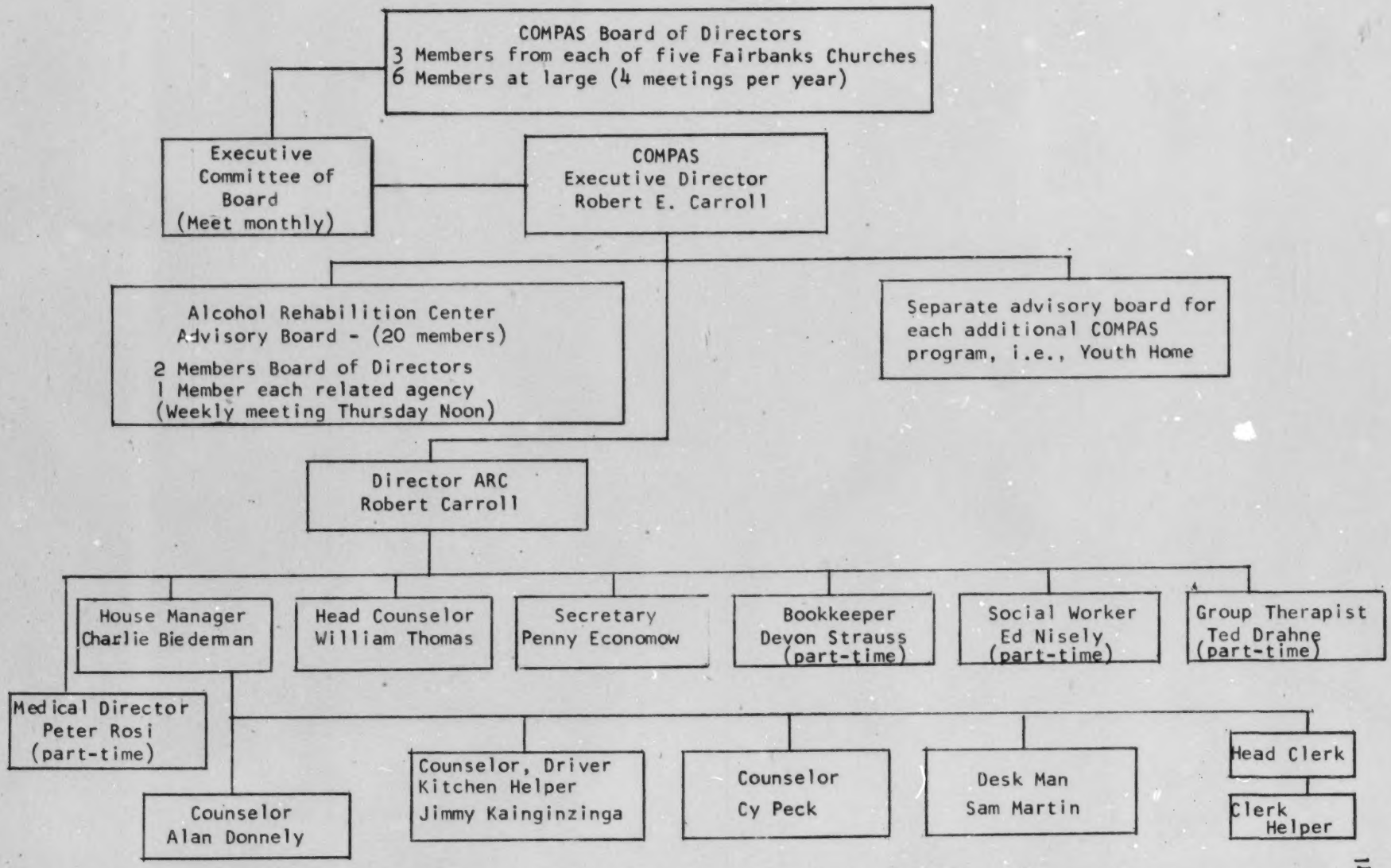
ADMINISTRATIVE OR PROCEDURAL MANUAL

The Alcoholism Rehabilitation Center does have a manual available which outlines the Center's basic program and procedures. It seems relatively current and inclusive. We are not inclined to raise questions about the procedures and programs outlined in the manual, but we are concerned about the staffing patterns and personnel needed to achieve what seens to be a basically well outlined program. These concerns will be discussed in the section of this report considering staff.

ADMINISTRATIVE STRUCTURE AND STAFFING PATTERNS

A graphic presentation of the administrative structure of COMPAS is presented here.

ORGANIZATIONAL CHART


COMPAS Board of Directors
3 Members from each of five Fairbanks Churches
6 Members at large (4 meetings per year)
Executive Committee of Board (Meet monthly)
COMPAS Executive Director Robert E. Carroll
Alcohol Rehabilition Center Advisory Board - (20 members)
2 Members Board of Directors
1 Member each related agency
(Weekly meeting Thursday Noon)
Separate advisory board for each additional COMPAS program, i.e., Youth Home
Director ARC Robert Carroll
House Manager Charlie Biederman
Head Counselor William Thomas
Secretary Penny Economow
Bookkeeper Devon Strauss (part-time)
Social Worker Ed Nisely (part-time)
Group Therapist Ted Drahne (part-time)
Medical Director Peter Rosi (part-time)
Counselor Alan Donnely
Counselor, Driver Kitchen Helper Jimmy Kainginzinga
Counselor Cy Peck
Desk Man Sam Martin
Head Clerk
Clerk Helper

BUDGET PROJECTION
FISCAL YEAR 1971

INCOME:

Bureau of Indian Affairs	$127,200.	
U.S. Public Health Services	12,000.	
Executive Director's Earnings	9,000.	
State Programs (DPW, OVR)	4,500.	
Total		$154,700.

EXPENSES:

Staff:		
Executive Director (COMPAS)	18,150.	
Alcoholism Director	15,000.	
Clerical	9,000.	
Counseling (1 chief counselor σ 775. per month, 4 σ 240. per month)	20,520.	
Kitchen Staff (cook, housekeeper)	8,000.	
Maintenance	4,800.	
Bookkeeping and auditing	2,400.	
Professional Services	5,000.	
Payroll Taxes	6,000.	
Administrative Expenses	2,000.	
Telephone	800.	
Rentals (Center, offices, housing)	16,500.	
Insurance	1,000.	
Center Equipment	2,000.	
Center Supplies	2,000.	
Transportation	4,000.	
Food	25,000.	
Activities	5,000.	
Medical Expenses	1,000.	
Miscellaneous	2,000.	
Projects Development	4,000.	
Staff Development	2,400.	
Total		$154,170.

OPERATING MARGIN 570.

Other incomes should be available throughout the year but this is soft money and not included in this projection.

The Bureau of Indian Affairs has catagorized care and payment as follows:

1. "The Rate of payment for 'treatment programs' shall be Four Hundred Eighty Dollars ($480.00) per month per client. Payment by the Government shall be at a fractional rate of Sixteen Dollars ($16.00) per day per client provided payment for any single month shall not exceed Four Hundred Eighty Dollars ($480.00) per month per client with an average of fifteen (15) clients per month. The estimated total for annual services is Eighty Six Thousand Four Hundred Dollars ($86,400.00)."
2. "The rate of payment for 'custodial care' shall be Two Hundred Dollars ($200.00) per month per client. Payment by the Government shall be at a fractinal rate of Six Dollars and Sevety Five Cents ($6.75) per day per client provided payment for any single month shall not exceed Two Hundred Dollars ($200.00) per month per client with an average of five (5) clients per month. The estimated total for annual services is Twelve Thousand Dollars ($12,000.00)."
3. "Payment for outreach services shall be performed at the rate prescribed by the Alaska Department of Public Welfare not to exceed the sum of Twenty Eight Thousand One Hundred Fifty Two Dollars ($28,152.00)." (These funds are now transferred to the Fairbanks Native Association.)

A number of residents work while living at the Center. They are encouraged to contribute up to one-fourth of their weekly earnings to the Center program, but not to exceed $200. per month. The Center Director reports that,

"Contributions vary from population to population in relation to local work availability. A fair average would be a total of $2,400.00 per year in contribution resources available for activities and unbudgeted center expenses."

An appreciable saving accrues to the Center in meat recovery available through the Fish and Wildiife Service. Residents pick up animals killed on the highway or animals which have been illegally killed and have been confiscated. Residents also do some fishing and hunting for the Center with Center owned equipment. The Director indicated that a conservative estimate of value of this meat would be about One Thousand Dollars per month.

It will be noted on the proposed budget sheet for 1971 that $16,500 is budgeted for rent. This is reportedly $13,000 per year below the assessed value of rental costs for such space in the Fairbanks area. The difference in these two amounts should be indicated as income and expenses on rent increased by that amount to reflect true cost of operation as well as showing a substantial contribution by the Episcopal church in the form of rent reduction.

Mr. Carroll reports a salary of $18,500 from COMPAS. He also reports $9,000 in compensation from the Hillcrest Boys Home and other sources. He shows this $9,000 as "Executive Director Earnings" income for the Center. If his total income is $27,500 and he contributes $9,000 to the Center then his job with COMPAS should be indicated as 2/3 time and his other activities as 1/3 time. If though he is employed full-time by COMPAS at $18,500 there would seem to be some questions as to the propriety of his working 50 percent above full-time to earn this additional income.

RECORDS

An individual file is kept on each resident. The materials in the file are at best sketchy. A random sampling of records found some without intake forms or with only partially completed forms. Chronological entries were

spotty. In some instances, they were full and comprehensive and in others limited or completely absent.

There is no apparent ongoing consistent recording of background data on residents that is readily retrievable. As previously indicated, a by month or by year day care figure is not readily available to use in a simple cost accounting breakdown.

The current status of cases is often communicated by word of mouth or in a daily log which counselors write up. It seems that a system where entries could be made at the end of each shift on each resident of any notable interaction that took place would be desirable. No entries were found on participation in A.A. meetings, group therapy, etc., only limited reports were found on individual counseling sessions or collateral contacts with other agency workers.

RECOMMENDATIONS REGARDING FACILITIES

Recognizing that the parish hall was not designed for use as an alcohol rehabilitation center, it seems to serve the clientelle of the Center well.

The clientelle of the Center as it is now defined are primarily lonely, homeless, native men who are alcoholic. They are primarily men who have come to Fairbanks from more rural Alaska settings possessing few specialized vocational skills and with a history of recieving some general assistance funds from the Bureau of Indian Affairs.

The Center's clientelle are not people, primarily, who have lost their jobs, home, family, and status through alcohol addiction and are seeking rehabilitation in the sense of achieving restoration to an earlier status of vocational and economic independence. They are, though, men who are seeking restoration of human dignity and a sense of self worth, and who aspire to vocational and economic independence.

Recommendations for improving the physical facilities of the Center must be tied directly to the Center's program. It is assumed here that the Alcohol Rehabilitation Center will increase its emphasis on treatment and rehabilitation of "appropriate" referrals and consider as a separate function, possibly in a different location, facilities for clients needing supportive living facilities. However, were these facilities for clients primarily for supportive living the suggestions made here for improvements should be considered.

1. The existing arrangement of space for intake interviews and counseling restricts the possibility of such interactions being considered therapeutic. Consideration should be given to acquiring the office space used by Father Warren and his secretary. This space would provide some needed relief in the following areas:
   a. Administrative functions - Intake interview, private telephone interaction with outside agency personnel, etc.
   b. Individual counseling and interviewing by Center staff and by staff members of other agencies who could then provide assistance more readily at the Center.
   c. Small group therapy sessions, leaving the large recreation hall free for those not involved in therapy and allowing some differentiation of groups and membership in groups. Currently it is difficult to determine if some clients consider themselves in or out of the group.
   e. This space might also be used for routine examination and health care.
2. The general physical atmosphere of the facility needs improvement in line with therapeutic aims. Dismal, poorly-lighted, poorly-maintained rooms do little to improve the depressed feelings of many residents.
   a. The interior even more than the exterior of the building should be

brightened up with new and varied color schemes, though a hospital or institutional atmosphere should be avoided. Residents could do the painting. Draping bedroom windows would add color and warmth as would some colorful bedspreads. It would seem possible to get a community service club interested in such a project.

b. Art and craft work, paintings, murals, sketches, etc. for the walls in all areas of the building are badly needed. Again the work of residents would be more important than commercial items; a contribution they could make to the Center.

3. Consideration should be given to more individualized use of the recreation hall space. Partitioning of the room into dining room, T.V., game, and crafts room should be evaluated. The present one large room does not allow for needed multi-functional use of the largest single space area in the building.

4. Fire prevention and safety procedures need to be more explicit. Neither the "Operational Manual" or "House Rules" suggest that a systematic approach to all residents is used in considering fire safety.

5. Not only is more space needed for arts and crafts -- occupational therapy type activities--but procurement of essential items of equipment and supplies for such programs should be undertaken as part of improving facilities.

6. Though detoxification care is currently being forced on the Center because there are no other (no adequate) facilities for detoxification in Fairbanks, this problem might be alleviated if the State of Alaska does finance the planned detoxification center in Fairbanks.

RECOMMENDATIONS REGARDING ADMINISTRATIVE STRUCTURE AND STAFFING

1. Two members of the Board of Directors and three members of the Alcoholism Rehabilitation Center Advisory Board are natives. If the major emphasis of this Center is to remain with native problems, it would seem desirable to have greater native representation on the COMPAS Board of Directors and the Alcoholism Rehabilitation Advisory Board. It would seem appropriate to include present or past center residents on the board. Also, if it is hoped that there will be more direct involvement in the Centers program by other social service agencies in the community then consideration needs to be given to ways of including representatives of these agencies on the policy making board. There are a number of reasons why careful consideration should be given to reconstituting the membership of the COMPAS Board of Directors.

   a. With a decrease in the direct input of the churches to COMPAS activities it would seem advisable to have fewer members on the board identified as church representatives.

   b. Any approach to broad funding should be reflected in board make-up, i.e. organizations which make substantial input to the program either in cash or in kind should be represented at the policy making level. Advisory board membership does not achieve this.

   c. The city of Fairbank's interest in alcoholism treatment as evidenced by the appointment of a commission on alcoholism and hiring a coordinator of alcoholism; the state of Alaska's growing interest in alcoholism treatment as indicated by increased funds, specifically detoxification money, to be awarded to Fairbanks; and the commitment of COMPAS to the treatment of alcoholism almost dictates that a re-evaluation of the policy making board of the Alcoholism Rehabilitation Center be made. It would seem that the Alcoholism Rehabilitation Center must find its most constructive role in a fast evolving and

changing alcoholism treatment effort and that its governing board be constituted in such a way as to facilitate the Center achieving this role. It would almost seem necessary that the policy making board for the Alcoholism Rehabilitation Center have some members on it who also are members of the Fairbanks Commission on Alcoholism. This would enhance the likelihood of cooperation of treatment programs.

d. The board definitely needs to be more actively involved in program planning and administration. This could be achieved through an active committee structure as follows:

   (1) Program Committee

   (2) Finance Committee

   (3) Volunteer Committee

   (4) Public Relations Committee

e. Formal agendas for board meetings should be developed and action taken should be reported to news media. Minutes should be kept with a written statement of finances included on at least a quarterly basis.

f. More frequent meetings of the board of directors are indicated if the Alcoholism Rehabilitation Center is to receive the planning needed for it to become a part of a coordinated effort in Fairbanks to treat alcoholism.

2. The responsibilities of Robert Carroll as Executive Director of COMPAS and as Director of the Alcoholism Rehabilitation Center and the youth home seem unrealistic and untenable. The project development, administrative, consultative, and coordination responsibilities of COMPAS Director would seem to require the full-time efforts of one person.

The Director of Alcoholism Rehabilitation Center or Facilities Director as described in the "Manual of Operations" should require a full-time person. By his own recognition and written statements on the Alcoholism Rehabilitation Center program, Mr. Carroll has recognized the need for a full-time Facility Director. This person needs to have complete administrative responsibility and authority for operation of the Center, being responsible to the COMPAS Executive Director and Board.

Mr. Carroll is apparently only partially involved in the Alcoholism Rehabilitation Center's functions and only that portion of his time which is directly related to Alcoholism Rehabilitation Center activities should be charged against Alcoholism Rehabilitation Center budget. This would result in an accurate picture of Alcoholism Rehabilitation Center costs and free that money for hiring additional professional staff at the center. The COMPAS board, if it is to have a paid Executive Director, must assume the responsibility for providing funds for his salary freeing him to provide needed leadership in developing other programs and writing related proposals for broad COMPAS functions including strengthening and expanding services of the Alcoholism Rehabilitation Center. The Executive Director at COMPAS should not be salaried through the Alcoholism Rehabilitation Center. This practice increases the overhead of the Center and reduces the funds available for direct services to clients.

3. Part-time professional personnel from other agencies who maintain dual responsibilities to residents of Alcoholism Rehabilitation Center and to other agency employees should identify by task and by time that which they do as part-time employees of the Center. We believe this will result in a clarification of their role to residents of the Center,

to Center's administration, and to their full-time employer.

4. With the large number of para-professional workers on the Alcoholism Rehabilitation Center's staff there should be major attention given to staff development and inservice training programs. We believe this will be possible if the Center hires a full-time director who does not have other conflicting responsibilities. We recognize a need for additional staff or retrenchment as a means to achieve quality in the therapeutic focus of the program. In service training emphasis should be placed upon:

   a. Weekly staff meetings in which in-depth evaluation of residents can be made and consistent approaches to understanding and helping are presented.

   b. Continuation of university credit or non-credit opportunities for staff (adequate free-time).

   c. Attendance at conferences and workshops - within and outside of Alaska.

   d. Involvement as co-leaders in therapy groups and as observers of counseling interviews - with sufficient time to discuss impressions and learn from professional staff.

   e. Weekly content-focused sessions dealing with routine problems of behavior and appropriate application of principles and techniques that are transferable from one situation to another.

5. Careful planning to use consultative resources should be made. If the Alcoholism Rehabilitation Center can decide on areas in which professional help is needed and make specific consultative requests to the appropriate persons, a small amount of money can go a long way in getting the best help available on specific problems. Consultation without specific need

identification for the consultant and the agency is often a wasteful expenditure. The practice of having "retained" consultants can sometimes be expensive.

6. A comparison of the staffing pattern for this center and similar centers suggest that the ratio of staff to residents is minimal, particularly during peak loads and with professional time limitations. There seems to be no way to make adjustments in staffing patterns to allow for the increases or decreases in resident population. Because of the funding pattern the minimum load (20) is maintained rather consistently but may increase to as many as 40 and generally averages about 30 with no change in staffing pattern. If current staff to resident ratio is minimal with 20 residents it certainly is over extended with 40 and a variety of aspects of the program must necessarily be neglected for some or diluted for all. Appropriate staffing of the Center would seem to require the addition of:

   a. A center director with professional training in one of the helping professions.
   b. A full-time professional counselor.
   c. A funding formula that will allow the addition of part-time counselors (relief counselors) as the resident population increases above 20.
   d. The addition of a part-time records secretary to keep a consistent and accurate set of records on all residents and tabulate and prepare "monthly resident day care" reports.

RECOMMENDATIONS REGARDING FINANCES

1. To achieve realistic planning on costs, accurate resident day care records are essential and should be required by funding agencies.

A rather extensive assessment of the record keeping procedures reveals that a figure on days of care per resident can be arrived at from the existing records. However, the procedure would be involved and time consuming, and subject to a variety of errors because of its complexity. At this point we do not feel that such a time investment would be warrented to achieve a cost accounting breakdown. However, a simplified system for the regular and accurate recording of such data in a manner that it can be readily retrieved should be a required element of accountability.

We recognize that it is extremely difficult to maintain an ongoing program where income fluctuates substantially in relation to resident load. Were the Bureau of Indian Affairs able to contract for a yearly amount and accept a commitment from the Center to provide a minimum of so many patient days care to eligible residents during the year, a more steady financial basis for operation would obtain. However Bureau of Indian Affairs financial policies preclude this arrangement. It would appear that the Alcoholism Rehabilitation Center will, if it is to provide a quality program, need either to curtail the number of its residents to these that can be provided expected care and treatment under negotiated budgetary arrangements, or to make arrangements to increase its funding for specific cases that extend the number of its residents beyond these established limits. In these special instances

funding would likely need to be negotiated separately for each client. Because of the impact on the program for those in the Center of over extension in numbers of residents, funding sources should require that the center conform to an agreed upon number of clients allowing some lee way in special cases and requiring approval for adding clients (each client to be considered as a special instance) beyond this agreed upon lee way.

We believe that the Center should provide a one level of "treatment program." We do not believe that it should be involved in rehabilitation and custodial care. A one-level treatment program would provide a higher cost base per client but also would commit the center to certain treatment expectations for every resident. It is believed that such an approach will not only provide needed additional funding but also answer questions related to the specific level and quality of the treatment focus. And as has been indicated in other places in this report the Center must define its program and purposes more clearly if it is to work cooperatively with other agencies. Also, the present practice of running a treatment program and a custodial program within the same center has raised serious questions of financial accountability between the Center and existing and potential funding agencies.

2. In order that the Center may be viewed more broadly by the community as a treatment center for all "alcoholics" rather than native alcoholics, funding must be found which will allow inclusion of more non-native clients. If the changes that are suggested in this study are acted on it should be possible to develop a broader base for funding. In addition to the Bureau of Indian Affairs other agencies and sources that might be brought into the financial picture are:

1. The Office of Vocational Rehabilitation
2. The City of Fairbanks
3. The State Welfare Department
4. The Office of Manpower
5. The religious organizations who initially were more involved financially.
6. The State Division of Mental Health
7. Private and public foundations and granting agencies
8. Volunteer civic and social organizations of Fairbanks.
9. The State Commission on Alcoholism

It should be recognized that some agencies funding policies restrict their committing funds on a contract basis for the care and treatment of any specified number of clients. These agencies can, however, provide or pay for specific services for clients who meet their feasibility criteria. Other agencies can assist in the total care and treatment program by providing subsistence costs for clients who meet their criteria. It seems to us that by developing a one-level treatment program and defining it clearly the Alcoholism Rehabilitation Center can develop cooperative arrangements with other social service agencies which will result in a broader financial and clientelle base.

3. The procedures for receipt of funds which come in as partial payment for resident care by the house manager seems very questionable. If a resident's care is being provided either partially or fully by the Bureau of Indian Affairs, it would appear that the resident's contributions should be worked out by the Bureau of Indian Affairs workers, with any payment made reimbursed to the Bureau of Indian Affairs. If miscellaneous

monies are required to meet resident needs these needs should be built into the per day costs for care rather than appropriated in the present manner.

Many residents seem to be working. There seems to be no clear expectation on the part of residents as to what part of their income is to be paid back to the Center. Those who do pay must see themselves as being penalized for working rather than as assuming their appropriate responsibility to pay for as much of their care as is possible. Residents should assume the responsibility of paying for their care and treatment and drawing on agency funds only to the extent that they cannot pay for themselves. This approach should help to maintain the relationship between funding agencies and the residents and help residents assume responsibility for their own treatment. Since in the cases of Alaskan natives the Bureau of Indian Affairs also has the responsibility for continuing service upon a resident's release it seems consistent to maintain every tie possible to professional social workers from that agency. On the other hand, the Bureau of Indian Affairs should assume its legal responsibility for eligibility determination at the Center and provide sufficient professional worker time for ongoing supportive in-treatment and after-treatment services.

Lack of sharp procedures of accountability for collection and disbursement of monies earned by Center residents is resulting in a question of the procedure by related agencies and center residents themselves.

4. Salaries, particularly for professional staff seem to be minimal. For persons with qualifications necessary to do the job suggested in the

operational manual and which would seem essential to the successful development of the program, higher salaries particularly for the Center Director seem in order.

There has been no increase in per day care rate since the contract was originally negotiated in 1967 and in order to achieve the improvements projected in this report an increase will be necessary and seems warranted.

5. Experience with para-professional workers such as counselor and social worker aids leads us to believe that much can be accomplished by staff trained at this level. It seems to us that it would be a wise investment to provide native counselors with sufficient training to enable them to qualify as para-professional workers.

RECOMMENDATIONS REGARDING RECORDING

1. The very lengthy intake form used seems of questionable value. It is applied quite consistently and there were no indications of any specific practical purpose that it has served over the three years since the Center opened.

   We suggest that a very simple intake form be devised which would contain pertinent information and which would be completed fully on every resident. This form should contain data which was intended to be used for ongoing program evaluation. Computer data processing procedures should be built into the format of this basic data card.

2. Some form of brief chronological entry form should be devised that would give counselors a ready access to current activities and status of each resident in the program at the end of each shift. Entries on such cards

should of necessity be short and should indicate what specific things are going on with a resident rather than the content of what is going on. For example:

6-1-71
7:00 Bill out on job at hotel
9:00 Bill attended A.A. meeting
11:00 B.I.A. (Wiser) called. Bill cleared to travel to Fort Yukon. Should call B.I.A.

6-3-71
9:00 Bill checked out - release form signed

3. Quarterly board reports should be written up to apprise the governing board of program status and provide a bases for accountability. This report should contain statistical presentations of the past three month's activities, action taken on previous board action or policy change, and items for consideration at the present meeting. Such reports if appropriately developed can do much to assist with presenting the Alcoholism Rehabilitation Center's program to the community and strengthening public relations -- annual report meetings, open to the public, should be a must.

THE PROGRAM OF THE FAIRBANKS ALCOHOLISM REHABILITATION CENTER

Six parts of the Center program were identified: (1) Resident fellowship program, (2) Education Program, (3) Medical program, (4) Therapy Program, (5) Outreach program and (6) Recreational Program.

These programs are described as follows:

1. Resident Fellowship Program

   This program consists of the informal inhouse activities between the residents and between the residents and the staff of the Center. It consists of the influence of one resident upon another around the daily routine of eating, sleeping and participating in various types of activity. It also includes the activity between the various staff members and the residents around these activities.

   There is a House meeting on Wednesday evening of each week. Allen Donnelly, one of the counselors in the Center is in charge of this meeting. Each resident in the Center is required to be there. The daily routine is discussed, along with the House Rules and the happenings of the week. Assignments are made as to chores in the House. Rules and violations are discussed, as well as problems of incidents between individuals during the week.

   The Resident Government consists of a committee of five persons who are the "speakers" who report or discuss bad food, misconduct, etc. Usually this discussion takes place at the initiative of the "speakers" during

the House meeting. However, this committee is free to call a meeting anytime it chooses to discuss incidents or problems that may occur.

Residents are free to come and go from the Center as they please, except for the scheduled activities which they are expected to attend. The writer observed them walking to and from downtown Fairbanks, both singly and in pairs. They were seen on the sidewalks of the city and going in and out of the business establishments including the bars.

There is a huge coffee pot on the counter between the kitchen and the dining room. Residents are free to get a cup of coffee whenever they choose. It is a common sight to see a resident get a cup of coffee and sit alone or in pairs or in a small group at the dining table or on one of several couches in the dining-day room.

The residents were observed by the writer, throughout the three-day visit, talking in pairs and in small groups. Some were observed sitting alone, sleeping, doing house chores, talking with one of the counselors, reading and walking leisurely about the Center. They reflect an informal, leisurely, unpressured atmosphere with these types of activity.

The essence of the Resident Fellowship Program appears to be the "informalness" and the "fellowship" that occurs between residents and between residents and staff members. This amounts primarily to informal interaction between these persons regarding their drinking, attitudes, problems, behavior, etc. It is reported that one of the key values to this level of activity is it takes place on an informal, peer level, i.e. an alcoholic-to-alcoholic level of influence and on an "as need"

basis. It is highly individualistic, with some appearing to enter into this informal activity in an active manner and others in a more passive or inactive manner, depending on the individual desires and needs of each resident as an individual. This type of informal activity is thought to have as much or more influence on each resident as any of the more formal programs of the Center. It appears to be approximately 50 per cent or more of the Center's Program.

2. Education Program

Much of the Education Program on Alcoholism takes place in an informal way between the residents and between the counselors and the residents as described above.

In addition to this informal educational program there are several more formalized educational programs offered to the residents during a week's time. The University of Alaska sends down students to show films once per week. In addition, there are currently four residents enrolled in the University of Alaska who lived at the Center during the past school year. In addition, three of the residents have been attending the Adult Education Program for the Methodist Church on a daily basis this past winter.

The writer visited with Barbara Stone of the Audio Visual Department of the University of Alaska. She has sent students down under Sociology and Title I monies this past school year to help residents find out why they exist and how they exist in relation to the other people in the community. They use video tapes, tape recorders, cameras, etc. as a mode of helping them to relate to the community and each other. A writer sat in on a committee session between the two sociology students

and a committee of the Center residents. They were undertaking to make a documentary video tape on alcoholism in the community and how the resident center fits into this picture. They were very enthused in this effort.

The educational value of the "A.A." program and the group therapy program, but these will be described separately below.

3. Medical Treatment Program

The Medical Treatment Program is confined to medical treatment of residents. This consists of a medical examination, usually by the Public Health Service doctor, within the first 72 hours after admissions at the Public Health Service clinic. There also exists a medical follow-up when needed. Further, it consists of each resident taking antabuse for the first ten days that they are in the Center. There is a chart kept on the wall related to the antabuse schedule. Al Donnelly is the Supervisor of the Antabuse Program. He stated that each resident is expected to take antabuse for the first ten days of his stay unless he has a doctor's release slip. Antabuse is taken as one pill a day in the beginning and later a half pill a day. Mr. Donnelly had a jar of tablets on his desk as his supply. In addition, he had other medications in a locked closet. These were individualized prescriptions handed out to the residents by Mr. Donnelly.

4. Therapy Program

The Therapy Program consists of discussion groups, therapy groups, individual therapy, and alcoholic's ananymous meetings.

a. Group discussion

The group discussion sessions were staffed daily from 10:00 to 11:00 a.m.

by Father Warren and Al Donnelly during the winter months. Father Warren presents a unit of six discussions on "humanistic" subjects. He followed what he called an "existential philosophy" adapted to a village setting and related to alcohol consumption. His first session likened life to walking a tight rope between what the alcoholic wants to be and what others want him to be. As a result anxiety occurs. The second session consists of a discussion on "false hope" endeavors of persons to rid themselves of the anxiety. His third session relates itself to "despair" when the person finds that he is unable to rid himself of anxiety. The next sessions are focused on finding a "true savior" from anxiety. Father Warren feels that there are many persons "turned around in their tracks" from his program. He uses the subject as a launching devise for group discussion and finds that there are many individual follow-up sessions resulting from these group discussions. He believes that alcoholics have had a hurtful experience with institutional religion and therefore deliberately stays away from an organized religious program. Instead he follows the philosophy of "let the residents seek the clergy" when he wants religious counsel. Al Donnelly presents a series of discussions on alcoholism subjects during this session from 10 to 11 each day. He, too, presented a subject and encouraged each of the residents in the group to talk about it and relate it to his ideas and to his life.

b. Group Therapy

Group therapy session is held each Tuesday and Thursday evening (year round) from 7 to 8 p.m. and lead by Ted Drahne from the University of Alaska. It is not mandatory that residents attend this session, but for the main part they do. Ted Drahne follows the philosophy of permitting them to leave anytime they want to. He claims to have no secret motives and tries to be honest with them. He attempts to follow reality therapy methods and tries to talk about the here and now problems. He claims the residents don't necessarily have to talk but would encourage them to do so. They talk about whatever incidents are brought up by members of the group. He also discusses incidents or problems related to their being in the center and living together. Sometimes he shows films as a springboard for discussion and attempts to get reactions to its content. A writer sat in on one of the therapy sessions and observed the therapist being very active in dealing with current reactions to here and now problems related to the residents. In addition, the writer interviewed both residents and counselors who agreed that these therapy sessions were problem-oriented and attempted to answer their questions related to current problems. Bob Carroll discussed the difference between the Eskimo residents and the Indian residents in group discussion. He claimed that the Eskimo is much more confrontive and the Indian is much more subject to the consensus of opinion of others in the group. He believes that Ted Drahn has to walk a tight rope in handling these two types of individuals in the same group session.

c. Individual Therapy

Bob Carroll provides individual time for each resident in the Center. Most of his interviews occur on a "happening" basis rather than a "pre-planned" basis. Bob claims he is able to form a 1-to-1 relationship with each resident about midway of his stay in the first 30 days in the Center program. As he moves about the Center he finds that some residents are "looking at him" as though they would like to talk to him. Some can approach him and he must approach others as the initial gesture. He states that all of them willing and able to talk on these basis. The writer did not observe any of these sessions nor sit in on them.

d. Alcoholics Anonymous

There are two weekly "A.A." meetings for the residents--one at the Alcoholism Rehabilitation Center and the other at the Native Welcome Center. Al Donnelly chairs both of these A.A. meetings. The A.A. meeting at the Center is primarily for the Center residents, whereas the meeting at the Native Welcome Center is an open meeting to the community. Al's rationale for the closed meeting is to avoid having people coming in from the outside and then later confronting the resident on the street with what he has said in the A.A. meeting. The writer attended the Monday A.A. meeting at the Center, fourteen persons were present and Al Donnelly presided. He presented his story in A.A. and connected the values of his sobriety to his coming to the Center. (He did not relate his sobriety to the A.A. program and to its principles.) He read the fifth chapter, the A.A. creed and gave the "Serenity Prayer". There were no strong "A.A."

individuals in the group. However, he did call on each member present and ask him for a response. From some there was little response and from others there was quite warm response about their being in the Center and how it was helping them. For the main part, these responses were not related to the A.A. steps or principles. The residents were interviewed regarding A.A. Some talked about difficulty in understanding the A.A. program at first, and finally after it was explained to them several times and witnessed the others talking about it, were able to take hold of it fairly well. Others felt that A.A. program was not appropriate to them. However, the Center counselors felt that A.A. was a good program that had meaning to them and to most of the residents. Residents are encouraged to go to outside A.A. meetings on their own.

e. Activity Calendar

The winter activity calendar differs from the summer activity calender. In the winter there is daytime activity that does not occur in the summertime. The evening calendar remains much the same in the winter as in the summer. At the time of this study the Center program was in transition from winter to summer activities. The evening schedule at the time of the study was as follows:

Monday evening	-House A.A. Meeting
Tuesday evening	-Group Therapy
Wednesday evening	-House meeting
Thursday evening	-A.A. Meeting at the Welcome Center
Friday evening	-Film or movie
Saturday evening	-Open
Sunday evening	-Film showing

Another difference between the summer and winter activity is that hunting and fishing expeditions occur on weekends during the summer.

5. Outreach Program

Al Donnelly is the official A.A. Twelve-Step worker for the local A.A. program for natives. Since he works for the Center he sees this as part of the Center Outreach Program as well. In addition, it is his responsibility to keep in touch with the ex-residents who live in the Fairbanks area. At the time of the study there were seven of the ex-residents living in the Fairbanks area. Al Donnelly told the writer that these seven ex-residents were contacted each week either by their initiative or by his. The Center's Outreach program to the villages is left primarily to the Bureau of Indian Affairs social workers. Further, it is the plan of the Center to get additional funds and hire outreach workers for the villages. The Center's Outreach program to the families in the Fairbanks area occurred on an occassional request basis. Charlie Biederman reported that the Center gets regular calls from family members in the Fairbanks area but refers most of them to A.A. members and to A.A. meetings in the community. However, occasionally the Center staff goes out and talks with the family members who live in the Fairbanks area. In addition, occasionally the Center Staff goes to the hospital to explain alcoholism to an alcoholic or to his family members.

The ex-residents located in the Fairbanks area "drop in" to the Center some on a regular basis and some on an irregular basis. They come in for a cup of coffee and "to just talk". There were several "outside" persons who came to the Center while the study team was there to visit a resident or to play pool with someone they knew. There was no log or attempt to keep track of visitors.

6. Recreational Program

Recreational activity in the Center takes place on two levels: informal and formal. There is a pool table that the residents use periodically--primarily when their friends come to visit them. The Center has a television set which is used in the evenings, generally after the evening activity. The writer left the Center at 11:30 p.m. on Tuesday, May 11th and most of the residents were watching television at that time.

Residents have access to the University of Alaska recreational facilities. However, according to Fred Schon there hasn't been much planned use of these facilities. In addition, the Center owns a hunting and fishing camp on the Wood River. They also own a 4-wheel powered wagon and a river boat. Hunting and fishing trips are planned occasionally during the summer months.

Fred Schon has recently been hired part-time as an activity counselor. He has a Master's degree in Counseling. It is his plan to set up both an outdoor and indoor recreation program for the residents of the Center. He will make planned use of the University of Alaska recreational facilities, as well as the use of the hunting and fishing camp. His plan is to organize winter outdoor and indoor activities such as trapping, hunting, skiing, etc. He also wants to involve the residents in the city recreation program, both summer and winter. He believes that his program planning for the residents in the Center will serve as "initiatory" programs for the Fairbanks community, in terms of both winter and summer and indoor and outdoor activities.

OTHER PROGRAM CONSIDERATIONS

Other areas related to the Center program are: (1) philosophy of training, (2) Referrals, (3) eligibility and admission, (4) number of residents, (5) grouping of residents, (6) staffing of cases, (7) house rules, (8) discharges, (9) follow-up, (10) readmissions and (11) recovery rate. They are described as follows:

1. Philosophy of Programming

Ted Drahn (Group Therapist) describes the Center Program as a project which concerns itself with "human beings"--helping them find their worth and self-esteem. He sees the program as "a refuge for awhile" for individuals from a society where they feel they are worthless. During this time they gain a sense of worth and re-enter society in a different way because of this experience.

Bob Carroll (Center Director) describes the Center as a "therapeutic community" which provides support and ego-nourishing milieu to residents. He sees the program as being informal and individualized to the needs of each alcoholic. He sees the core of the program as the counselor and staff being available for informal counseling and the residents influencing each other toward greater stability and sobriety.

Bill Thomas (Head Counselor) states that he does not talk too much about drinking, but studies each man and can tell when something is wrong with him. He then reaches out and asks him what his problem is and then talks with him on an informal basis regarding his problem. He sees the ultimate goal as a better adjustment in life, as well as a "lessened" problem with their drinking.

2. Referrals

Currently, most of the referrals are self-referrals, according to Bob Carroll. He points out that only a minority of the referrals come from the Bureau of Indian Affairs or other agencies in the community. When they are referred they typically are sent over rather than brought over to the Center.

Mr. Carroll says there are two types of referrals (a) appropriate and (b) inappropriate.

a. Appropriate referrals

These drinkers have not been damaged beyond the possibility of recovery.

b. Inappropriate referrals

The inappropriate referrals generally come from the jail or the police. According to Mr. Carroll, the Center has a great number of these alcoholics referred each week. They send the alcoholic to the Center and he arrives when it is cold outside. He is frequently accepted out of a "humanistic" interest and concern for him. In this sense, Mr. Carroll describes the Center as an "overflow" station. Many of these referrals are sick and need a place to sober up and get to feeling better. Another type of inappropriate referral are the custodial cases referred by the Public Health Service. Often these cases are sick and damaged and need a place to stay to get well. "Often they are acutely and chronically damaged and beyond the hope of a complete recovery." Mr. Carroll explained that there are about forty chronically damaged cases that are referred to them from the jails and the Public Health Services as "floater" cases in the Fairbanks Community. Another inappropriate referral is the heroin

addict. Mr. Carroll explains that what few cases they have had of this type have been a 100% flop in the Center.

Mr. Carroll explains that there is a need for a supportive Center wherein the inappropriate can receive care and management and not interfere with the rehabilitation efforts of the alcoholic rehabilitation center for more appropriate cases.

3. Eligibility and Admissions

Mr. Carroll reported that very few applicants are refused admission. They are seen on a 72-hour observation basis. Applicants need to be sober when they are admitted, acknowledge that alcohol is one of their problems, and indicate that they want to do something about it. Applicants are seen by any counselor who is on the desk at the time. In reality, the counselor on duty usually says "you can stay here tonight until Charlie can see you tomorrow."

Mr. Carroll reports that usually within 24 hours Ed Nisley, Bureau of Indian Affairs Social Worker, sees them and admits them. He admits them across the Bureau of Indian Affairs Forms. Usually he is in a position to say 'yes' or 'no' as to Bureau of Indian Affairs Admissions. Mr. Carroll says that Ed Nisley fills out the forms because his counselors are overwhelmed by how to fill out the forms.

Bill Thomas explained that if a person is drinking the Center does not let him in until he is sober--"if we do, the others are like little kids and say why don't you let me stay when I drink?"

After being admitted and the 72-hour period has elapsed, the resident is put on antabuse, assigned a bed and housekeeping chores and assigned a case worker.

4. Current Number of Residents

At the time of the study there were 19 residents living in the Center. According to Mr. Biederman, there was an average of 26 persons in the Center this past winter. There are 32 beds. Some of the residents are usually home visiting or away for other reasons, making the average attendance of 26. Mr. Biederman explained that most of the residents are the type who want to work, and it is only occasionally that someone is looking for a "flop". Mr. Biederman explained that four of the residents are going to school, three to the University of Alaska, and one is enrolled in Adult Education at the Methodist Church. Six were working full-time and five were working on part-time jobs and three were not working.

Mr. Biederman explained that recently several of the residents had left for summer work. As an example, four of them had left for summer work this past week. In the summer months the number of residents are down from what they are in the winter.

5. Grouping of Residents

When a resident is first admitted he is put in one of the downstairs rooms. The major reason explained by Mr. Biederman was that it was quieter down there, and he needs this quietness when he is not feeling well. When the resident begins to feel better he is moved upstairs when a room is available. Bill Thomas explains that there are no special privilege groups. Even the residents who stay there for a long time have no special privileges--"for what we do for one, we have to do for others. They all eat the same things, and the meals are about what you can get in a downtown restaurant."

6. Staffing of Cases

Both Mr. Carroll and the counselors explained that each resident was "staffed" a few weeks after admission. Each resident is also brought up regularly in the staff meetings thereafter regarding his progress and/or problems. Staff meetings are held each week and attended by the staff and the Bureau of Indian Affairs Social Worker. In these meetings the counselors make observations about the resident as to how he has been behaving and interacting with them and with other residents. Plans are made and adapted as to how to work with him.

7. House Rules

The House rules were made up when the Center was first organized. At each House Meeting the rules are read and discussed. (see attached House Rules page 49 and 50). Al Donnelly is the one who refers to these rules in the House meeting on Wednesday evening. He claims that most every group reaffirms the rules and changes none of them. However, each group discusses them pro and con.

8. Discharge

Mr. Carroll explains that uneasiness is spotted by the counselor and he moves in at this time to discuss the problem with the resident. In this way, most drinking episodes are averted. He reports that if the resident insists that he has to drink, he is told that it is his decision, but that he cannot drink in the Center nor can he come back while he is drinking. He claims that most of them return within 12 hours in a sober condition. However, there are some who are dismissed because they cannot conform to Center regulations. It is explained to them that they are able to use what the Center has to offer to them at that time. Referral

is usually made back to the native Welcome Center. Mr. Carroll reports that about one-third of the residents are discharged in this manner. He says, however, that some of these are discharged "in absentia." Bill Thomas explains that if and when a resident drinks he stays away until he sobers up and then "things go right along as if nothing has happened." The doors are locked at 12 p.m. and opened at 7 a.m. (except by special arrangement). After a resident drinks for the first time "I give them a break, if they do it again I talk it over with Bob and Charlie. We often give them a choice, they can either move out or stay and do something about their problem." Mr. Thomas explained that he tries to meet them half way, i.e. he doesn't punish them and yet he can't be too lenient. Bill further explained that if a resident brings a bottle into the house it is a sure way to be discharged. This is reaffirmed by both Bob Carroll and Charlie Biederman. Mr. Carroll explains that there are a few behavioral styles that can't be tolerated; however, bringing a bottle into the house and "sneaking-thievery" are definite grounds for discharge. Mr. Carroll explains that they have a "blackball list" for a few of their former residents.

9. Follow-up

Mr. Carroll explained that the Center is not funded for follow-up work. However, some attempts are made at follow-up.

Residents who leave the Center are requested to write and let the Center staff know how they are doing. From this source of information and the "grapevine" the counselors of the Center were able to talk about the location and the condition of several residents who had left the Center.

Mr. Biederman mentioned that Titus Peter of Fort Yukon picked up on the residents returning there. However, there appears to be no such person in other villages. As mentioned above, Al Donnelly follows up on ex-residents in the Fairbanks area.

10. Readmissions

Mr. Biederman explained that there were few readmissions except as described under the heading of "discharges", i.e. those who feel they have to drink and return after they sober up.

11. Recovery rate

The recovery rate is unknown due to the lack of a follow-up study.

FAIRBANKS ALCOHOLIC REHABILITATION CENTER

HOUSE RULES

This is a Center for men who have a problem with alcohol - and who want to do something about it. This is not a hotel, and it is not a boarding house. To help us live together and work together well, we have to have some kind of order in our daily lives. In order that we may enjoy and benefit from our stay here, the following House Rules will be necessary:

1. There will be no alcoholic beverages allowed in the Center.

2. No person will be allowed to remain in the Center in an intoxicated condition. If you are drinking stay away.

3. Drinking at the Center will cause you to be subject to immediate dismissal. If you are dismissed from the Center, you will not be able to come back pending a complete review of records.

4. Work details are necessary to keep your Center clean and to see that you get your meals on time. Do your assigned duties cheerfully. This is your home.

5. You are responsible for making your own bed, sweeping under and around it, emptying your ash tray, and seeing that your personal belongings are in order. This should be done before breakfast each day.

6. You will be expected to meet part of your expenses here from your own earnings. You and your counselor will determine the amount together.

7. There will be meetings here at the Center as scheduled. There is an AA meeting in town every night. You must make one or the other each day.

8. Medicine will be turned over to a staff member. He will see that you get it as required.

9. Visitors are encouraged. Please have them come at a time when meals are <u>not</u> being served. Privacy can be arranged for these visits. Visitors under the influence of alcohol may not enter the Center.

10. Visitors must leave the Center by 10:00 p.m.

11. Doors will be locked at 12:00 midnight. No one may enter the Center after that without previous arrangement with the counselor.

12. Meals will be served for all at posted times. You will be awakened at 7 a.m. and if you choose not to have breakfast at that time the next meal is lunch.

13. Pool and cards etc, will not commence until after morning cleanup. The pool table shuts down after supper and card games at midnite except on Saturdays.

14. Please keep reasonably quiet after 10 p.m. so that other residents may sleep.

15. If dorm is occupied, washing machine and dryer are to be used only between 8 a.m. and 9 p.m. Machines are not to be used on Fridays between 10 a.m. and 5 p.m. so linen can be washed.

16. If you have complaints or suggestions, tell the counselor. We will try to settle these to everyone's satisfaction.

ANTABUSE RULES

1. Any resident showing up at the Center who has been drinking, will be asked to leave. They will not be readmitted until they return sober and will go on mandatory Antabuse for 10 days.

2. Men released from jail, assigned to the Center - it will be mandatory they be restricted to the Center for the first three days and will take Antabuse under supervision of the Counselor on duty each morning for 10 days. Any infraction of this rule will be cause for the sentencing judge to issue a bench warrant, suspension of parole to the Center and return to jail to face the maximum.

3. Men seeking help and admitted to the Center for aid will agree to take voluntary Antabuse each morning for the first week.

Charlie R. Biederman
Head Counselor

PROGRAM STAFF

1. Staff Duties

The Alcoholism Rehabilitation Center has a Director (Robert E. Carroll) who is responsible to the Alcoholism Rehabilitation Center Advisory Board and the COMPAS Executive Director (Robert E. Carroll). Under the Director of the Alcoholism Rehabilitation Center is a House Manager (Charlie Bieberman), a Head Counselor (William Thomas), a Recreational Counselor (Fred Schone), a Secretary, Part-time Bookkeeper, Part-time Social Worker (Ed Nisely) and a part-time Group Therapist (Ted Drahne). Under the House Manager are two counselors (Allen Donnelly and Cy Peck), the night relief man (Sam Martin), the counselor-driver-kitchen helper (Jimmy Kainginzinga) and a clerk. Also, under the Director of the Alcoholism Rehabilitation Center is a part-time medical director (Peter Rosi).

The Director of the Alcoholism Rehabilitation Center (Robert Carroll) is responsible for the program administration. He is responsible for supervision of all personnel, payroll, billing and payment of bills. In addition, he serves as a professional counselor on a "happening" basis, and on a confrontive basis when problems occur with residents.

The House Manager (Charlie Bieberman) is responsible for management of the facility. The counselors and other staff bring their problems to him and he makes decisions. He consults with the Director when he questions what decision should be made, and he keeps the Director informed of the activities and problems of the Center. He has the major

responsibility for "who gets admitted into the Center". It is his responsibility to order the food, supervise the cook, the counselors, and the activities of the house in general.

The Head Counselor (Bill Thomas) lives in the Center and is second in charge to the House Manager. It is his responsibility to schedule activities, take care of records, make up the daily roster; he is in charge of clean-up and vehicles; reads the hour-by-hour report of the Center activities and brings to the attention of the manager any problems reported there.

The counselors (Allen Donnelly and Cy Peck) watch the desk and take care of the desk activities during the daytime. They counsel with residents whenever a resident reaches out for counseling and refer all problems on to the head counselor and to the house manager. They do some of the counseling, but primarily refer the resident to the head counselor, the house manager, or the director.

The night relief (Sam Martin) watches the desk, answer the phone and logs everything that happens on the night shift. It is his responsibility to take care of things that arise, lock the doors and awaken people in the morning. He also oversees the clean-up.

The counselor-driver-kitchen helper (Jimmy Kainginzinga) is responsible for helping the cook, driving people where they need to go, and counseling on an "as need" basis.

2. Staff Qualifications

The Director of the Alcoholism Rehabilitation Center (Robert Carroll) has a Master's Degree in Social Work and is a Certified Social Worker. He is of Indian decent and an adjusted alcoholic. He has many years of experience with the Bureau of Indian Affairs in Alaska and has been associated with COMPAS and the Alcoholism Rehabilitation Center since its inception four years ago. In addition to his graduate social work training he has attended many short-term workshops on alcoholism.

The house manager (Charlie Biederman) is of Athapascan decent, born and raised in Eagle, Alaska. He has been in and out of the Fairbanks area since 1946. He is an adjusted alcoholic with three years of sobriety and total abstinence. He has an eighth grade education, a four-month training period in mechanics, and has attended the Utah School of Alcohol Studies (1970). He has been with the Alcoholism Rehabilitation Center for three years as head counselor and house manager. Part of that time he was in the air corps, has been a mechanic, heavy equipment operator, and a truck driver. He has usually held foreman positions.

The head counselor (Bill Thomas) is of Athapascan decent and was born and raised in Fort Yukon, Alaska. He has been in the Fairbanks area since 1953. He has a 9th Grade education, with nine months in a General Education Development program in 1965-66. He has never had a course on alcoholism. He has been an employee of the Alcoholism Rehabilitation Center for one year and three months. Prior to being a head counselor, he was a resident in the Center. Part of his employment has been as a construction worker, machine operator, and truck driver,

1947 to 1969. Much of this employment has been Civil Service. He considers himself an occasional social drinker, claiming to "have slowed up on my drinking." His last drink was February, 1971. His occasional social drinking has been the pattern that has continued since coming to the Center. Previously, he was a heavy, problem drinker.

Counselor (Allen Donnelly) is a Tlingit Indian from Kluckwam, Alaska. He left there in 1960 and has been in the Fairbanks area since 1967. He is a high school graduate with some alcoholism work shops to his credit. He has been employed by the Alcoholism Rehabilitation Center since 1967 on an off and on basis. During summers he has returned to being a fisherman. His former employment experience has been fisherman and odd jobs in the Anchorage area with the Bureau of Indian Affairs, Salvation Army, and other short-term jobs for an 11-year period. He has been a member of Alcoholics Anonymous for five years. He has been sober since 1967 with the exception of "five slips" of one to three weeks duration. The last drinking episode was in May, 1971.

Counselor (Cy Peck) is a Tlingit Indian from Agoan, Alaska. He has been in Southwest Alaska for the main part prior to coming to the Alcoholism Rehabilitation Center in January, 1971. He has had a high school education, two years of Junior College and one year of Business College. In addition, he is enrolled in the University of Alaska currently in a Journalism Course. He has never had an alcoholism workshop or course. Prior to coming to the Center as a resident in January, 1971, he was employed primarily as a fisherman. He has had other jobs such as shipping guide and an accountant's job with the

Bureau of Public Roads for 14 months. He has been sober for the past 60 days, having drank for seven days in Fairbanks in March, 1971

The counselor-driver-kitchen helper (Jimmy Kainginzinga) is an Eskimo from Whales, Alaska and has been in the Center since February, 1971. He claims seven months sobriety due to the Center program, primarily. He has been in and out of the Center previously two or three times and his longest stay was a one-year period. He claims that "worry builds up and he drinks for three or four months before ending up in a hospital". After hospitalization he returns to the Center. He has had no workshops on alcoholism.

The head counselor and all three of the counselors are single and have never been married although they range in age from 35 to 46.

Fred Schone is working part-time as a recreational counselor. He has only recently joined the Center. Mr. Schone has his Master's Degree in Counseling, has taught school and has been an athletic coach.

OBSERVATIONS AND RECOMMENDATIONS FOR PROGRAM

1. Need for Alcoholism Program

The need for an Alcoholism Program in the Fairbanks area is obvious, even without a survey of the number of alcoholics and problem-drinkers. The COMPAS Alcoholism Rehabilitation Center is the only major program in the Fairbanks area and an all out effort should be made by that community to keep this program intact. This program needs to be changed in some ways as is suggested in this section and the other sections of this study, but this does not mean that the program should be eliminated. It is our opinion that the program should be enhanced and efforts made to improve it.

2. General Program

In general, the program has the needed parts in it: a resident fellowship program, an education program, a medical program, a therapy program, an outreach program and a recreational program. These are the major programs that are needed in a rehabilitation center in helping alcoholics recover from alcoholism. However, some of these programs can be altered and strengthened to make the program more effective. These will be discussed below.

3. Underlying Philosophy

The underlying philosophy of the Center appears to be sound in general. The philosophical goals that should be supported are: (1) helping the alcoholic as a human being, (2) the use of a therapeutic community program, (3) improvement of the alcoholic self-image, (4) helping the alcoholic improve his total functioning and (5) attaining and maintaining sobriety.

4. Sobriety as a Goal

Total abstinence should be the ultimate goal in alcoholism rehabilitation. This is with full knowledge that total abstinence is difficult to attain and occasional "slips" will occur.

Experience shows that in hard drinking communities new alcoholism programs experiment with the philosophy of partial sobriety. Eventually, however, these programs adopt the philosophy of total sobriety. Leniency regarding sobriety tends to perpetuate drinking and undue rehabilitation efforts and proves to be expensive. Out of this experience, Centers that have been in existence for a period of time tend to adopt a goal of total sobriety for their residents.

Most alcoholism rehabilitation centers adopt a policy reprimanding or terminating staff members who cannot maintain total sobriety. Experience bears out that alcoholism staff members are exemplary to the residents and realizing this attempting to avoid "hippocracy" become abstainers.

The above guidelines on sobriety are recommended for the staff of the Fairbanks Alcoholism Rehabilitation Center.

5. Level of Residents

The residents of the Center appear to be "garden variety" in nature, ranging from those who are poorly motivated for change and sobriety to those who are highly motivated for change and sobriety. There appears to be those who have lesser capacity for change and those who have a good capacity for change. In addition, there appears to be those who have poor communication and social skills and those who have good social and communication skills.

This heterogeneous nature of the residents tends to create a mediocre therapeutic environment in the Center. The residents with poor motivation and a lesser capacity for change tend to reduce the level of the therapeutic environment for those who are more highly motivated and more capable. Conversely, those who are more highly motivated and capable tend to upgrade the therapeutic environment for those who are less motivated and less capable. Overall, however, the net result of these two forces is a mediocre therapeutic environment.

The Center Program appears to be a mediocre therapeutic environment due to the "garden variety" levels of residents living in the Center. The general tone of the Center program is geared toward the non-striving, complacent resident more than it appears to be geared toward the resident who is motivated and striving for change. Consequently, it appears that the more motivated residents with greater capacities for change tend to become complacent and waste a great deal of therapeutic time that might otherwise be utilized toward their improved functioning if they were housed with residents of their same level.

It is recommended that the less motivated and less capable resident be segregated from those who are more highly motivated and more capable. This means that a second Center should be developed in the Fairbanks area. One of these Centers would be a supportive living center which would admit residents who are less motivated and have poor capacity for change and sobriety. The program for the supportive living center should emphasize care, management, and a sustaining of functioning and sobriety.

The Center for alcoholism rehabilitation should be for alcoholics who are more highly motivated and have better capacity for change and sobriety. The program of this center should be intensive in nature and geared toward higher expectations for sobriety and change, for insight into one's self, and improved functioning.

6. Involvement of Community Agencies

The Alcoholism Rehabilitation Center lacks involvement of Community Agencies in its program. In many ways the Center is trying to be "all things to their alcoholics." Greater involvement of the Community Agencies and their funding is needed. A redefinition of the Center's program should make it possible for the Center to form more cooperative working relationships with other social service agencies, utilizing their services to a greater extent. Insofar as alcoholism rehabilitation is a comprehensive concept, the services of a veriety of community agencies, ranging from medical programs through mental health and vocational programs should be a part of the Center's program.

7. Referrals

Insofar as the Alcoholism Rehabilitation Center is currently the only alcoholism facility in the community, it accepts many "inappropriate" referrals. The unmotivated, low-risk alcoholic cases should not be accepted in a rehabilitation center but should be guided toward a half-way house or supportive living center. Once a second facility is developed in the community, this admissions policy could be adopted.

8. Detoxification and Evaluation

Currently, the Alcoholism Rehabilitation Center's policy is to evaluate the alcoholic over a period of time. This evaluation process occurs primary through observation of the resident in the Center. This type

of evaluation process is damaging to residents who are already admitted and in the program and, consequently, should take place separately from the Center's rehabilitation program.

A Detoxification and Diagnostic Center is needed in the Fairbanks Community. If the Detoxification and Diagnostic Center existed in the Community all new alcoholics would not only receive their detoxification there but could be assessed by an evaluation team while in this type of Center. This evaluation would consist of medical-psychological, social and vocational assessment. Based on this assessment, the alcoholic would be recommended for the rehabilitation center, the supportive living center, or some alternate disposition.

Currently, the evaluation process in the Fairbanks Alcoholic Rehabilitation Center lacks the professional type of assessment and evaluation that would exist in a well staffed Detoxification and Diagnostic Center. The evaluation now provided by the Alcoholism Rehabilitation Center allows too broad a group of clients into the Center, many of whom are not considered rehabilitable by the communities' social service agencies.

9. Admissions

The above mentioned evaluation process would serve as a basis for admissions to the Rehabilitation Center. This would do away with the 72-hour admission policy currently intact. Candidates for the rehabilitation center would then readily be admitted and have no qualms as to whether they are full-fledged residents or not.

It is during the evaluation process in the Diagnostic and Evaluation Center that the Bureau of Indian Affairs could screen and approve potential residents for either the rehabilitation center or the

supportive living center for financial support. Also in the case of non-native the Department of Public Welfare could screen and approve potential residents for categorical assistants funds.

10. Assign Case Load

Currently, there are several counselors in the Center. Each of these counselors counsels with a resident as he sees the need. This can be viewed as both an advantage and a disadvantage to the resident. In a supportive living center this might well be an advantage, especially if it is done on an informal or "happening" basis. On the other hand, it can be construed to be a disadvantage in a rehabilitation center. Such practice tends to confuse the resident who should be in an intensive therapy program with an assigned counselor. In a more intensive program anyone in the Center who observes a resident in need of counseling encourages him to go to his assigned counselor for help. This practice offers the resident a more concentrated and consistent type of counseling program.

11. Intensive Rehabilitation Program

The Center's current therapy program is not "intensive" in nature for reasons described above. It is recommended that the supportive living center type of residence be segregated out and that an intensive rehabilitation program be established for the Center. The intensive program would amount to a three-pronged program: (1) a detoxification, evaluation and physical restoration program. (2) an intensive educational and social rehabilitation program, and (3) a sustaining rehabilitation program. The first phase of the intensive program would take place in a detoxification and evaluation center. This facet of an intensive

program could be housed in a rehabilitation center in a separate wing from the resident program. Detoxification and evaluation should be a five to ten-day program. The intensive educational and social adjustment program should be a time-limited program with heavy emphasis on individual and group therapy, educational programs and alcoholics anonymous programs. The duration of this program should be from two to four weeks. The sustaining rehabilitation program would consist of a lessening of the intensity of the educational and therapy programs and the inclusion of a vocational program and should be for a duration of 60 to 90 days, depending upon the needs of the case. At that time the resident could be referred to an outreach program or transferred to the supportive living center.

12. Medical Follow-up

The Center's medical follow-up program should be strengthened. The medical follow-up care would be of better quality if a Public Health Service physician came to the Center once a week on a "sick-call" basis. In addition, the residents should be able to go to the Public Health Service Clinic between times on an as-need basis.

Supervision of the medications given to each individual by the doctor and handed out by the counselor appears to be a sound practice.

The Antabuse as it exists, however, is questionable. The rationale for giving antabuse for a 10-day period is not common practice in other Centers. Either it is not given at all or it should be given for long periods as a "crutch" or aid in reducing the number of obsessions to

drink until the resident has achieved a lengthy period of sobriety and has less frequent obsessions to drink.

13. Religious Counseling

Because the Center facility is part of the Episcopal Church facility, Father Warren is reluctant to "impose" religious counsel upon the Center residents. He tends to wait for the resident to seek religious counseling before giving it.

This ambivalence in providing religious counsel should be avoided. In some living centers the professional counselors are all ministers of one church or another. They provide an outreach, religious counseling program to residents. Consideration along these lines should be given to the religious counseling program for the Center.

14. Alcoholic Anonymous

It appears that the residents of the Center are protected from the Community Alcoholics Anonymous Programs. As a result, they are not exposed to a "strong" A.A. Program and leadership. The current in-house A.A. program lacks the teaching of the basic steps and principles of Alcoholics Anonymous.

It is recommended that the Alcoholics Anonymous program in the Center be taught as a "Beginner's Group" by a dedicated A.A. person, teaching A.A. steps and principles and involving each resident in a discussion of how these steps apply to each resident from his point of view. Further, it is recommended that the residents of the Center be exposed to an "open meeting" showing strong outside leadership and demonstrate to the residents how the steps and principles work in the lives of alcoholics who obtain sobriety through this program.

15. Individual Counseling

Individual counseling currently is handled on an informal and irregular basis. The rationale for this approach is that the resident is not receptive to planned and regular individual counseling.

This rationale appears to be true for the type of residents of a supportive living center. However, this rationale does not hold for the more highly-motivated and capable residents of a rehabilitation center. Such residents seem to benefit from seeing an individual counselor on a regular, planned basis. Here, again, it is recommended that the residents be segregated and that the type of resident who belongs in a rehabilitation center be offered a "therapist-initiated" counseling approach.

16. Group Therapy

Currently, the Center Group Therapy Program operates as a "open group" wherein the residents are not forced to attend. These sessions are considered "helpful" by most residents and "not helpful" by some residents.

It is understandable that in a center with unsegregated residents that an open group therapy practice exists. However, it is recommended that a "closed group" policy be adopted for the motivated, more capable rehabilitation center type of residents. It is recommended that this group therapy follow a "help-seeking--help-giving model" of group therapy. Each resident in the closed group would be expected to be a help-seeker and identify problems that he would work on. Other members of the group would be expected to be help-givers in a "confrontive-supportive" type of situation. This model of group therapy expects that the group therapist will create this type of helping atmosphere, guide its

interaction involving each member of the group, and participate in the process himself.

17. Recreation Program

Currently this Center lacks an organized leisure-time recreation program. The proposal to hire a full-time recreational person is an attempt to improve the recreation program of the Center. This is an excellent idea and should be fostered. There is some question, however, that a full-time recreational worker is needed for 26 residents. The adding of a part-time recreational worker seems an excellent idea.

18. Educational Program

The Center's Educational Program for individual residents who participate in the adult education program of the Methodist Church and who are enrolled in the University of Alaska is excellent. In addition, the involvement of the sociology students and the Title I monies to assist the residents with an informal and therapeutic educational program is commendable. There appears, however, to be a lack of a formalized, purposeful alcoholism educational program in the Center. Such a program should be intensive in nature and required for every new resident. Typical alcoholism education programs consist of six to ten group discussion sessions on the Nature of Alcoholism and each individual resident's particular alcoholism. This education program is predicated upon the philosophy that each alcoholic, because of his "denial system" does not understand alcoholism nor why he drinks to excess and that he needs to gain this understanding as the first phase of his rehabilitation process.

19. Grouping of Residents

The Center does not group its residents. This is understandable in terms of a non-segreated type of residents living there. However, should the Center adopt a resident segregation program, residents could be grouped around the phase of their rehabilitation process. As an example: the new residents would be grouped with each other around an intensive education and therapy program, mingling with the older residents primarily in the evening programs. In a similar manner the older residents would participate in a "closed group" type of therapy and vocational programs, interacting with the newer residents primarily in the evening programs.

20. Discharge and Readmissions

Many rehabilitation centers for alcoholics have a rather stringent discharge policy related to drinking as opposed to the less-stringent discharge policy related to drinking practiced by the Fairbanks Center. These Centers discharge residents who drink and readmit them on a basis of "what can you do differently or what must you change in order to stay sober?" Admission on this basis is a new start on an upgraded rehabilitation program identified with the resident after a drinking episode. This type of readmission policy is less obvious at the Fairbanks Center. There is a more tolerant or relaxed attitude about a drinking episode which typically does not culminate in a discharge from the Center nor is it followed by readmission on a new rehabilitation plan. It is recommended that the policy followed by other Centers be considered by the Fairbanks Center.

21. Facilities

The Center facilities are inadequate in terms of privacy and simultaneous programming. They are not conducive to counseling in private and to having more than one program activity go on at the same time.

It is recommended that the Center find new facilities or that the current facilities be remodeled to overcome these problems.

22. Separate Staff

Confusion exists in the community agencies and by visitors to the Center as to which staff works for COMPAS and which staff works for the Center. This confusion is justified because the Executive Director of the COMPAS program currently is a director of the Center program.

It is recommended that this situation be corrected to avoid the confuion of duplicate staff.

23. Number of Staff

The number of staff at the Center is either too many for a supportive living center or too few for a rehabilitation center. In many supportive living centers the staff consists of a manager, counselor, cook and night man. Usually there is an assistant cook and a relief night man in addition to these four persons. In general, they are no high-paid staff but dedicated, adjusted alcoholics. By comparison the number of staff at the Fairbanks Center is excessive, particularly in the managerial and administrative positions.

On the other hand the number of staff in rehabilitation centers elsewhere consists of a highly qualified director, a highly qualified counselor and several part-time professional persons assisting with the evaluation

and treatment programs. In addition, qualified, adjusted alcoholics are used in the program efforts. The number of these staff depend upon the size of the rehabilitation center population.

If the Fairbanks Center adopts the philosophy of a supportive living center, a limited number of qualified, adjusted alcoholics are sufficient to operate the program. Conversely, if the Fairbanks Center adopts the rehabilitation program, then additional, full-time and part-time staff are needed to operate a successful rehabilitation program.

24. Qualifications of Staff

The Center's professional staff are well-qualified and trained to work with alcoholics, however, the paraprofessional staff need additional training in alcoholism. In addition to a formal program they need an on-going informal inservice training program in order to upgrade their qualifications to be alcoholism counselors.

25. Use of Professional Staff

The Director of the Alcoholism Rehabilitation Center program is also the Executive Director of COMPAS and devotes most of his time to administrative tasks leaving little energy or time for direct services to residents. Under a rehabilitation philosophy additional professional services are needed in the Alcoholism Rehabilitation Center to provide the residents with sufficient individual counseling, as well as group counseling.

26. Contract with Funding Agencies

Services to be offered by the Alcoholism Rehabilitation Center to Alcoholics should be delineated and spelled out. They should be specifically

named and put in the contract between the Center and the funding agency. To this point, the Bureau of Indian Affairs has not specified what it wants to purchase in a specific manner. It is recommended that the Bureau of Indian Affairs and the Alcoholism Rehabilitation Center personnel get together and delineate services that will be given to alcoholics. Specific services should be considered such as physical examination and medical follow-up, food and lodging, individual counseling, group counseling, alcoholism education, introduction to A.A., psychological and vocational testing, etc. Such specific delineation of services would facilitate development of reports and program evaluation.

27. Reporting to Funding Agencies

A monthly or quarterly report form should be developed by the personnel of the Granting Agency and the Alcoholism Rehabilitation Center. This form should include reporting on the specific services provided to residents, as indicated above. It should be the responsibility of the Center to make a report to the granting agency. The line of reporting should be from the Chairman of the Alcoholism Rehabilitation Center Board of Directors to the Granting Agency.

28. Program Evaluation

The Granting Agency should set up a system for monitoring or evaluating the Center program on a regular basis. This evaluation should consist of reviewing the specific programs named in the contract between the funding agency and the center by persons qualified to evaluate these services.

COMMUNITY AND AGENCY RELATIONS

This section of the study explores the reactions to the Alcoholism Rehabilitation Center of individuals selected for interviews. Thirty one people were interviewed. These thirty one were selected on recommendations made by Robert Carroll, executive director of COMPAS; Gerald Osterhout, Area Director of Social Services, Bureau of Indian Affairs Juneau; and from suggestions made by interviewees regarding other persons whose views should be considered in this survey.

For purposes of discussion, those interviewed are grouped into four divisions:

1. Those closely involved with the Alcoholism Rehabilitation Center through direct working relationship, sponsorship, or friendship. These include Father William Warren, Episcopal Minister, also on the COMPAS board, Fairbanks; Robert Carroll, Executive Director of COMPAS and Director of Fairbanks Alcoholism Rehabilitation Center, Fairbanks; Mary Jane Fate, Alaska Commission of Alcoholism, Fairbanks; Clara Carroll, Director, Fairbanks Native Welcome Center, Fairbanks; Taimi Lahti, Board of Directors of the Alcoholism Rehabilitation Center, also Secretary, Hope Center, Fairbanks; Tim Wallis, President of Fairbanks Native Association, Fairbanks; Sam Kito, Vice President of Fairbanks Native Association, Fairbanks; and John Keating, Director of Alcoholism Services, Greater Anchorage Area Health Department, and formerly Director of Fairbanks Alcoholism Rehabilitation Center, Anchorage; and James Erskine, Advisory Board Member.

2. Community people who could be expected to have some involvement with the Alcoholism Rehabilitation Center program and staff. These include Judge Connolly, Presiding District Judge, Fairbanks; Judge Robson, District Judge, Fairbanks; Julian Rice; Mayor, City of Fairbanks, Fairbanks; Wallace Droze, City Manager, Fairbanks; Lt. Nearing, Police Department, Fairbanks; Lt. Wolf, Police Department and Fairbanks Commission on Alcoholism, Fairbanks; Clinton Ice, Member of Fairbanks Commission on Alcoholism, Fairbanks; and Mr. Judd Sisco, Member of Alcoholics Annonymous and on the original board of advisors for the Alcoholism Rehabilitation Center.

3. Directors and/or Social Workers of Social Service Agencies officed in Fairbanks. These include Richard Wiser, Acting Director of Social Services, Bureau of Indian Affairs, Fairbanks; Edward Nisely, Social Worker, Bureau of Indian Affairs. Has recently been appointed coordinator of Alcoholism programs for the City of Fairbanks; Don Billings, Counselor, Office of Vacational Rehabilitation, Fairbanks; Eleanor Out., Counselor, Manpower Office, Fairbanks; Joel Bostrom, Social Worker, Indian Public Health Service, Fairbanks; Dr. Hal Sexton, Medical Director, Indian Public Health Service, Fairbanks; Mary Carey, Director of Public Health and Social Welfare, Fairbanks; Frank Dally, Director, Department of Welfare, Fairbanks; and James O'Rourke, Director of the Office of Manpower, Fairbanks.

4. State or Regional Directors of offices that have some direct involvement in Alcoholism rehabilitation. These include Gerald Osterhout, Area Director of Social Services, Bureau of Indian Affairs, Juneau; Glen Wilcox, Alaska State Director of Alcohol Programs, Juneau; Mr. Dale Reeves, Regional Director of Office of Vocational Rehabilitation, Anchorage; Carrol Craft, Director of

the Alaska State Office of Vocational Rehabilitation, Juneau; and Dr. Friedman, Alaska State Director of Public Health, Juneau.

Interviews within each of these four divisions are summarized here in the words of those interviewed. Direct reference will not be made to each interviewee because in many instances several of those interviewed stated the same thing. There are two or three general themes that run through the interviews that are rather specific to the groupings of the interviewees. These themes will become apparent to the reader as he reads each section. In brief, though, those grouped in Division 1 are strongly supportive of the Alcoholism Rehabilitation Center. They feel that services provided by the Center are over extended for the funds available and that this over extension has resulted in an ambiguous image of the Center's program. They feel that the need for social services provided through the Center is much greater than budgetary support, thus forcing on the Center a role that it is not funded to carry out successfully.

Division 2, community people, vary from those with considerable knowledge about the Alcoholism Rehabilitation Center program to those with little knowledge. Also feelings toward the Center are spread across a broad spectrum, from strongly supportive to neutral to antagonistic. The Alcoholism Rehabilitation Center is viewed primarily as a native center. The contribution being made by the Center as viewed by community people is related rather directly to individual criteria of what constitutes successful alcoholism treatment. Those who view successful treatment of alcoholism as indicated by lengthened periods of sobriety, shorter drinking bouts when drinking, and longer periods of uninterrupted work believe the Center's program is making

a worthwhile contribution to the community. On the other hand, those who believe that successful treatment of alcoholism is indicated only when treatment results in complete abstinence wonder if the Center is not supporting alcoholism rather than treating it.

Division 3, Social Service Agency workers, are also somewhat divided in their views of the Alcoholism Rehabilitation Center. Again the division is based in part on the issue of acceptable criteria for treatment of alcoholism. Some agency workers are strongly supportive of the Center. None interviewed were strongly negative. On the other hand some crucial issues were raised by each person in this group. These issues revolved around the scope of activities being attempted; the qualification of staff members for diagnostic activities and individual and group counseling and therapy; the lack of a clear cut definition of the Center's program; the feeling that many of the Center's clients should be in a supportive living center rather than a treatment center; and the lack of any visible means of allocating costs to various aspects of the Center's program.

Division 4, State and Regional Directors, discussed the broad needs in Alaska for alcoholism treatment programs and the relationship of such programs to broad educational and rehabilitation needs of Alaskans. The central theme within this group was that the Alcoholism Rehabilitation Center's program should be part of a larger effort concerned with the total individual problem. This would include detoxification, evaluation, treatment or supportive living, rehabilitation, education, employment, managed living, etc. The Alcoholism Rehabilitation Center, it was thought, should be one cooperating agency in a complex of agencies with clearly defined involvements and responsibilities within the total undertaking. And the Center could not expect to contract with each of several agencies for the complete care and rehabilitation of

a specified number of clients because the agencies were not funded in this way and the larger problem could not be reduced to functions that could be handled readily by one center.

SUMMARIES OF INTERVIEWS

Division I

The original idea behind developing COMPAS was to establish an organization through which needed social services could be provided. Since COMPAS was incorporated as a non-profit organization with no supporting funds its only means of providing social services would be through contracting with agencies with funds. COMPAS organizers felt that through their organization various agencies could provide services to their clients at a cost less than would be necessary if each agency "tooled up" its own care and treatment programs. Thus there seemed to be two motivations. First to provide needed services and second to provide an organization through which these services could be provided by drawing funds on a contracting basis from several agencies for the support of these services.

The Alcoholism Rehabilitation Center was established on this model. It was originally expected that this would become a broad based center serving the city of Fairbanks and the surrounding area. Because the only source of funding (with only an occasional exception and this on a limited basis) was the Bureau of Indian Affairs the Alcoholism Rehabilitation Center became a native center. Some of those interviewed suggested that it is difficult to obtain broad community and state support for a program that serves natives primarily.

The Alcoholism Rehabilitation Center is reported to enjoy an excellent reputation among natives throughout Alaska. This report was made by those listed as interviewees in this division and from others interviewed, including natives talked with in villages. "The Fairbanks Alcoholism Rehabilitation Center is the only Center of its kind in Alaska and this center has opened people's minds across the state to the need and value of alcoholism treatment programs." "The Alcoholism Rehabilitation Center in Fairbanks stands as a symbol to natives throughout Alaska and native leaders hope that the alcoholism treatment concept can spread from Fairbanks to other cities and to native communities and villages."

Those interviewed feel that the importance of the Alcoholism Rehabilitation Center as a symbol signifying a start on treating alcoholism among natives cannot be overstressed. For this reason there is considerable concern that the center be defined and administered in such a way that it is clearly above reproach and that it be an acceptable model for toher centers.

It was noted that there was considerable suspicion about the Alcoholism Rehabilitation Center when it first got started and some of this was justified. In getting started the Center seemed to be operating on a too broad definition and accepted clients with little likelihood of improvement. Also, rules governing drinking behavior seemed to be too lax. Though there has been considerable redefining of procedures and practices within the Center some of this suspicion is still present, more than is thought to be justified.

Part of the difficulty in establishing stable ties with the various social service agencies in the community and thus helping to maintain a clear definition of the Center's programs, policies, and goals is considered to be the high rate of turn over among social service workers in these agencies. Nevertheless, the importance of the Center to the whole idea of native treatment

centers in Alaska dictates that the Center "establish whatever procedures and policies are necessary to keep it above suspicion." Some procedures are felt to be:

1. The development and maintenance of complete, carefully kept confidential records on clients.
2. A written prescription for treatment programs for each client.
3. A set of financial records which will allow allocating the cost of keeping a client in the Center to the various categories of his care and treatment.
4. Carefully maintained records of client intake, turnover, readmission, specific days maintained in the center, disposition, and follow-up activities.

Other recommendations of this group were:

1. Extension of services to its clients to include follow-up and outreach activities.
2. Expansion of its program to include women, though it was thought that the women's program should be run separately from the men's program including separate facilities, record keeping, budgeting, etc.
3. Broadening the program beyond the treatment of natives. "A strictly native program will not obtain community support."

Division 2

It is apparent from interviews with people in this group that the Alcoholism Rehabilitation Center is viewed as a private organization and not as a community social service agency. The city of Fairbanks has a commission on Alcoholism and has recently employed a coordinator of alcohol programs. The new coordinator had not, at the time of this report, taken office.

However, as a former social worker in the Fairbanks office of the Bureau of Indian Affairs and a part-time staff member of the Alcoholism Rehabilitation Center this person, Edward Nisely, can be expected to have a good knowledge of the Center's operation. At the present time, though, those at the helm of the city of Fairbanks seem to have little direct knowledge of the Center's program. It is expected by city management that the state of Alaska will put money into Fairbanks for the treatment of alcoholism and the new coordinator will pull the various groups in Fairbanks interested in alcoholism treatment together into a unified program. Hopefully this will occur.

Those individuals representing the judicial and legal side of the community have a much closer working relationship with the Alcoholism Rehabilitation Center than has city management. Two interviewed within this classification stated strong support of the Center's program viewing the main limitations as one of the budget "therefore they find themselves cutting corners in an effort to provide assistance to the many people who need it and while doing this creating questions in the minds of observers regarding their program." On the other hand their two counterparts raised a number of questions about the Center's program related to treatment procedures, staffing, and philosophy underlying their stated goals.

The two citizens interviewed were AA oriented regarding treatment concepts. One was mildly supportive but thought the Center needed to develop a clear definition of purpose, treatment procedures, goals, clientelle selection standards and an improved record system. This he felt would allay much of the criticism leveled at the Center and would give others a sense of assurance that all was well with the Alcoholism Rehabilitation Center. The other citizen did not believe that successful treatment of Alcoholism could occur at the Center.

Beyond the differences expressed by those interviewed was the stated opinion that there needs to be a separation of rehabilitation and supportive living. Many of the clients of the Alcoholism Rehabilitation Center are viewed as poor risks for rehabilitation. Rather, it was thought that most clients could gain as much as they are now gaining if a supportive living arrangement could be established for them. The Alcoholism Rehabilitation Center facilities now existing were thought to seem appropriate for supportive living and as a friendship house where in addition to providing supervised living arrangements for residents in the program other lonely, homeless people could visit for friendship purposes (instead of having to use the bars). It was thought, though, that different facilities, separate from supportive living facilities, would be necessary for the person who has become sick through the use of alcohol and is considered feasible for rehabilitation. Also it was considered that alcoholism rehabilitation needs to be coordinated into the total rehabilitation program, from sickness resulting in placement in a detoxification center through evaluation, treatment, rehabilitation, education, employment, and follow-up activities. It was suggested that a differentiated program could be accompanied by differences in costs for treatment. "This should provide services to more people and allow intensive care for those who can profit from it."

Division 3

A central theme running through the interviews with people in this group is the need for a clearer definition of the Alcoholism Rehabilitation Center's purposes, programs and qualification of its staff, and costs related to specific phases of its programs. "There is no doubt but what a program for rehabilitation of alcoholics in Fairbanks is needed."

"The Alcoholism Rehabilitation Center serves to call attention of the residents of Fairbanks to the severity of the problem of alcoholism." The regret expressed regarding the Center is that it is not viewed more positively by the community. The problems experienced are considered primarily funding problems by three of this group. "If the Alcoholism Rehabilitation Center had sufficient funds the center would be able to provide the differentiated types of programs needed for different types of alcoholic clients." Others interviewed believed the short comings of the Center were related to quality of staff, poor facilities, and attempting to work with too many different types of clients.

It was suggested that many of the Center's clients should be in a sheltered living center rather than a treatment center. Those holding this view believed that if clients could be separated into two groups and placed in different settings those who needed and could profit from treatment a program would be able to get it. "It is likely that an adequate treatment program costs more than the Alcoholism Rehabilitation Center is now spending per client, but on the other hand if some of their clients were placed in a supportive living center where expenses would be primarily subsistence expenses there would be more money available for treatment."

"Under the existing program many people believe that the Center is a haven for loafers. This image makes it difficult for the Center to obtain more financial support and broaden the base of its clientelle. The Alcoholism Rehabilitation Center must find ways of improving its image if it expects to obtain the support it needs." Also, "the Alcoholism Rehabilitation Center idea, thought to be so vital in combatting alcoholism among natives, will likely not take hold if the program in Fairbanks is not successful."

Agency people indicate that their agencies are desirous of becoming involved in a broad program of rehabilitation of alcoholics. They view the total program as broader than COMPAS's Alcoholism Rehabilitation Center. They believe they can and should be involved but cannot respond to the requests made by COMPAS for a commitment to find a specified number of clients each year. Agencies can, however, provide specific assistence for those clients they find meet their agency criteria.

The Department of Welfare can, for example, provide categorical assistance for non-indians who might be residents within the program. In addition the Department of Welfare can, where medically recommended, provide on a day care basis treatment consisting of individual and group psychotherapy and intensive education.

The Manpower Office, through the Manpower Development Act, can provide employment counseling and job training for disadvantaged people who are judged to be able to profit from such experience, including subsistence funds and tuition during the duration of training programs.

The Office of Vocational Rehabilitation can become involved with only those clients who meet their criteria of feasibility.

From the agency point of view, however, the majority of clients residing in an alcoholism rehabilitation center should have screening evaluations prior to entrance which establish at least moderate levels of rehabilitation feasibility. Those clients with minimum feasibility evaluations, they argue, should be placed in sheltered living arrangements, not in a treatment center.

It was suggested by agency personnel that the Alcoholism Rehabilitation Center should define its program more clearly along the following guidelines.

1. Group clients into those who can likely be rehabilitated, including personal and vocational rehabilitation, and those who should be placed in a supportive living center.
2. Maintain staff in the treatment center who have qualifications on a par with other professionals involved in providing similar types of professional services.
3. Obtain facilities more conducive to "getting well" for those clients in the treatment center. "Existing facilities seem more appropriate for the supportive living type client."
4. Develop statements of treatment programs and costs so that contributing and cooperating agencies can determine how funds are spent.
5. Work on a coordinated basis with other agencies in a total rehabilition effort.

Agency people point out that while they are invited to sit with the Center's staff in an advisory capacity their agencies were not involved in developing the plans for the Alcoholism Rehabilitation Center and they feel in fact they have minimal influence on policies. If rehabilitation is to be considered on a broader base in which Agencies play a contributing role rather than sub contracting for services then agency personnel need to be involved in a replanning effort so that what ever program emerges considers the potential and also the limitations of agencies.

It seemed to this interviewer that little real communication was taking place between those responsible for operating agencies and those responsible for administering the Alcoholism Rehabilitation Center.

It might be, as was suggested by some of those interviewed, that maintaining clear communications is difficult when there is rather frequent turnover among

agency personnel. On the other hand the claim also was made by two of those interviewed that it is difficult to develop good communications with the Alcoholism Rehabilitation Center because the Center's staff, when discussing substantive issues, tend to be defensive rather than explanatory.

It seemed to this observer that more potential assistance to the alcoholic seeking to be rehabilitated exists in Fairbanks than is being utilized by the Alcoholism Rehabilitation Center. And that a re-evaluation of the Center's program with direct input from directors of Social Service Agencies within the city, from regional offices, and from the state level could result in an improved and broader program for the alcoholic, involving cooperative participation from those agencies, sources, and forces that are potentially able to contribute to the care and treatment of alcoholism.

Division 4

The treatment of alcoholism must extend beyond the limitations of one center, it must have statewide involvement and support. Alcoholism treatment needs to be approached cooperatively with involvement of several agencies and a commitment to the program at the city, regional, and state levels. Alcohol treatment programs must be medically, socialogically, and psychologically sound. Staff personnel involved must be competent to provide the professional services required. Alcoholism treatment should start with detoxification (for most clients). Detoxification should be medically supervised and the necessary staff and facilities should be available. The latter stages of the detoxification program should include evaluation, and personal orientation and education. A decision should be made at this point regarding next steps. These could be treatment and rehabilitation, or sheltered living arrangements,

or return to one's home, or if a law has been broken, assignment to jail. The total process should involve those Social Service Agencies committed to the rehabilitation, the education, the employment, the health, and the welfare of mankind.

From the overview of those responsible for broad programs at the state and regional level alcoholism is viewed as a major human problem requiring coordinated efforts of many individuals and agencies. A single agency, such as the Alcoholism Rehabilitation Center, is viewed as being able to make a valuable contribution to the treatment of alcoholism but the total problem of treatment and rehabilitation is considered too broad and too expensive for one agency.

The Fairbanks Alcoholism Rehabilitation Center, it was thought, should develop a clearer definition of its functions and services so that it would be more clearly discernible where the center fits into the total alcoholism treatment effort.

The Fairbanks Alcoholism Rehabilitation Center is considered to have played an important pioneering role in Alaska in focusing attention on the need to treat alcoholism. However, now that a commitment is being made to develop alcoholism treatment programs and it is recognized how broad these programs must be if they are to be successful, it is important that the Fairbanks Center define the role it wishes to have in this larger effort and build its program and staff to fit this definition. Cooperative arrangements with other agencies and various types of funding would seem to depend upon the Center's definition of its role, the development of its programs, and the characteristics of its staff.

SUMMARY AND RECOMMENDATIONS

The Fairbanks Alcoholism Rehabilitation Center was organized in 1967 by COMPAS in recognition of the severity of the problem of Alcoholism in Alaska. COMPAS was incorporated as a non-profit organization to "operate community and Social Services for the use and benefit of the communities and people of the City of Fairbanks and the interior of the State of Alaska. It was established with a board of directors, three representatives from each of five church groups, and six at large members elected from the Fairbanks North Star Borough by the Church representative members. In addition COMPAS has an Executive Director who is salaried. The Executive Director is also Director of the Fairbanks Alcoholism Rehabilitation Center and the Hillcrest Home for Boys another COMPAS sponsored Social Service project.

The original intent of COMPAS in establishing the Alcoholism Rehabilitation Center was to contract with Social Service Agencies to provide treatment services for people of interior Alaska and the city of Fairbanks who meet Social Service Agency criteria for assistance. Also to provide treatment services for those individuals without Social Service Agency support who could pay for their own treatment program.

Because of the limited participation by any group other than the Bureau of Indian Affairs the Fairbanks Alcoholism Rehabilitation Center has become a native center housing only an occasional non-native.

The residents of the Center are primarily Alaskan natives who are homeless, lonely, men. Some of them are considered by the Center's staff to be inappropriate referrals because they do not seem to possess the desire

nor the motivation to combat alcoholism, and/or they are already so severely damaged that rehabilitation seem an impractical goal. These men, the Center's staff believe, should more appropriately be housed in a supportive living center. However, during the severe winter weather the Center admits them as residents because there are no appropriate alternative places for them to go. Others of the residents seem to be good candidates for rehabilitation.

The Alcoholism Rehabilitation Center has a contract with the Bureau of Indian Affairs for the rehabilitation treatment of 15 natives and the custodial care of five additional natives. At times the Center houses as many as 40 residents though most of the time the number varies between 20 and thirty six. During the summer months many of the Center's residents leave the Center for jobs and the number housed is most typically around 20.

The Center also serves as a day center to a number of individuals who use the Center's facilities but do not reside there. No record is kept of the number of these who use the Center in this way nor of the extent of services they receive.

While a few of the Center's residents, of those not subsidized by the Bureau of Indian Affairs, pay all or part of their own costs, the majority are carried by the Center. The Center is able to extend its services to non-subsidized residents by its own meat procurement program and by appropriating a portion of the money earned by residents who find jobs.

The general philosophy of the COMPAS Board and the staff of the Alcoholism Rehabilitation Center regarding alcoholism rehabilitation is that while abstinence is likely the single absolute recovery method from alcoholism COMPAS services will not be restricted to the small group who can likely reach this goal, but rather, alcoholism rehabilitation will be considered

successful if the individual can be assisted to use alternate behavior patterns to chronic or extended binge drinking and can be assisted to function despite his alcoholism.

Admission to the Alcoholism Rehabilitation Center is based primarily upon available space in the Center and the applicants willingness to conform to the rules and regulations established to govern the behavior of residents.

Applicants seeking admission are allowed to stay during a 72 hour evaluation period during which time a decision is reached regarding eligibility for the Center's services. If beds are available in the Center few are rejected.

The treatment program can be characterized as informal. The Center attempts to establish a "therapeutic community" within which few events are planned and most occur on a "happening" basis. The counselors are to be alert at all times to the needs of residents and interact with them on an individual need basis. There are some formal activities scheduled including daily group discussions, twice weekly group therapy sessions, twice weekly A.A. meetings, house rules meetings, film presentations, etc., but for the most part the intent is to establish a setting and a climate within which residents and staff can interact with each other informally and therapeutically.

Community people, civic leaders, representatives of local, regional and state social service agencies present contrasting views of the Alcoholism Rehabilitation Center. Some interviewed are strong supporters of the Center, its goals, its programs, and its pioneering effort in alcoholism treatment in Alaska. They see the Center standing as a symbol of hope. They view its difficulties and inadequacies as resulting from inadequate funds. Others

view the Center as attempting to do too many things with too wide a variety of people. They feel the result is a watered down compromised alcoholism treatment program that is more appropriate to a supportive living center than to a treatment center. It is thought by almost all people interviewed that the Center's program should be focused on treatment. It is suggested that those suffering from alcoholism should be grouped on the basis of the ones likely to profit from intensive treatment and those for whom supportive living facilities should be recommended. It is generally concluded that a sharper definition, with accompanying selection of clients, of the Alcoholism Rehabilitation Center as a treatment center would result in greater participation and cooperation from various social service agencies committed to the education, employment, rehabilitation, and welfare of man.

GENERAL RECOMMENDATIONS

A number of specific recommendations have been made in the body of this study. These specific recommendations may be found readily by referring to the Table of Contents. In this discussion it is intended to present, in broad form, a summary of the recommendations listed earlier.

1. We are concerned that the philosophy and goals of alcoholism rehabilitation are so broad that effective rehabilitation may not be facilitated. We doubt that alcoholism therapy can occur effectively where modified behavior rather than abstinence is the goal; where support and understanding is always available when slips occur; and where it is stated that occasional limited binge drinking is to be expected.

   Our concern grows out of what we believe to be the lack of sufficiently well defined therepeutic limits and the unlikelyhood of "modeling"

behavior existing among staff members and model behavior being a goal of residents.

The broad goals underlying the Alcoholism Rehabilitation Center's treatment program seem more appropriate for a supportive living center and likely are appropriate for many of the Center's residents. However, if our recommendation that there be a separation of facilities for rehabilitation feasible alcoholics and rehabilitation non-feasible alcoholics is accepted it would then be important to espouse a different set of goals, goals based on abstinence.

2. We believe that the "mix" of residents within the Center is too broad for there to exist an effective alcoholism rehabilitation program. It is our observation that the treatment program is keyed to mediocrity as a practical compromise between residents seeking rehabilitation toward abstinence and those who can tolerate only an informal non-demanding climate. We recommend that clients be carefully evaluated prior to admission for rehabilitation feasibility and that two separate groups of clients be formed, one to become residents of a rehabilitation center and one to become residents of a supportive living center. We believe that alcoholism therapy requires that these two groups be housed in separate facilities.

3. We believe that alcoholism rehabilitation should be part of a broad community program focused on the alcoholic. It should most likely start with detoxification followed by evaluation. Based on the evaluation the alcoholic should then be placed in a treatment program appropriate to the recommendations of the evaluation. This could consist of

rehabilitation emphasis, supportive living emphasis, or managed living on an outreach basis emphasis. It is also our belief that the various agencies concerned with human welfare should be involved in a coordinated way in this total process. We believe that the scope of the problem is larger than the boundaries of a single agency and therefore there needs to be coordinated involvement of agencies under a broad policy making council.

4. Because of the scope of alcoholism treatment and the necessity of developing coordinated action among many agencies in this effort, we believe that agencies having direct involvement in the alcoholism program need to be represented on the board that makes policy. It seems to us that there should be some 'inter-locking' of the Board of Directors under which the Alcoholism Rehabilitation Center operates and the policy making board overseeing the total alcoholism rehabilitation effort.

5. We believe that the treatment program at the Alcoholism Rehabilitation Center should be more formal and scheduled than is now the case. Residents should have some expectations of treatments to be received, times at which the treatments are to be received, staff members who will supply the treatments, and purposes of the treatments.

6. We consider the facilities as they now exist to be appropriate for informal, non-confidential interaction between staff and residents but not appropriate for a more carefully defined, formalized treatment program. Sufficient remodeling needs to take place to facilitate scheduled confidential individual and group therapy and small group discussions.

7. We consider the physical facilities in general to be rather depressing. We think that with some remodeling and fixing up (including painting) they could present a more pleasant atmosphere.

8. We find the administrative arrangements for the Alcoholism Rehabilitation Center to be inadequate. The director of the center is also the director of the Hillcrest Home for Boys and the Executive Director of COMPAS. It is not clear to us now the time, salary, and energies of the director are spread among his various responsibilities. It seems clear to us, however, that the Center needs the full-time commitment of an actively involved director.

9. We believe the ratio of the number of residents to the staff of the Center is excessive for effective alcoholism rehabilitation. This concept is confounded somewhat by the number of residents who are viewed as custodial rather than rehabilitation feasible. In our opinion the number of the staff is appropriate for 20 rehabilitation residents but excessive for 3[illegible] supportive living residents.

10. It is our opinion that an inservice training program for staff needs to be developed. We believe this will be feasible if the Center obtains a director committed full-time to its activities.

11. We found the record keeping of the Center to be inadequate for ready retrieval of information. Intake forms are too complicated and cumbersome to be completed by the Center's staff. They are typically completed on each resident by a respresentative of the Bureau of Indian Affairs, however, little of the extensive information gathered is used in the treatment program. Information about treatment programs, treatment contacts with residents, participation of residents in the Center's programs, activities of residents, etc. are incomplete or unavailable.

We believe that a simple form for recording this information can and should be developed.

12. We believed that financial statements could be kept which will allow a cooperating agency to cost out the treatments received by residents, that is, we believe it should be possible on an individual resident basis, to determine the cost of his room, his food, his educational experiences, his individual counseling, his group therapy, diagnostic activities, etc.

13. We are concerned over the Center's policy of having working residents pay a portion of their income, determined through individual negotiation, to the Center. Though the total amount of money involved may be small this practice seems to be in violation of COMPAS's contract with the Bureau of Indian Affairs. We believe that this practice needs to be reviewed with representatives of the Bureau of Indian Affairs.

14. We believe that the Center should operate on a one-fee basis with this fee broken down into categories according to the various services and treatments provided.

15. We believe that Quarterly Reports should be made by the Center's Board of Directors to funding agencies. This report should provide information in keeping with the contractual arrangements between the Center and the agency. This information would include the number of clients served, treatments provided, days of care provided, etc. with related costs. Such reports would keep the agency informed of the Center's compliance with contractual agreements and would provide a ready pool of data that could be used by outside evaluators.